

Managing respiratory illness in general practice

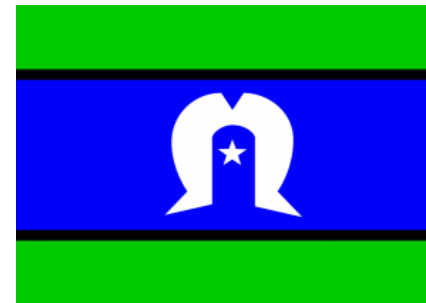
Thursday 12 October 2023

The content in this session is valid at date of presentation

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We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



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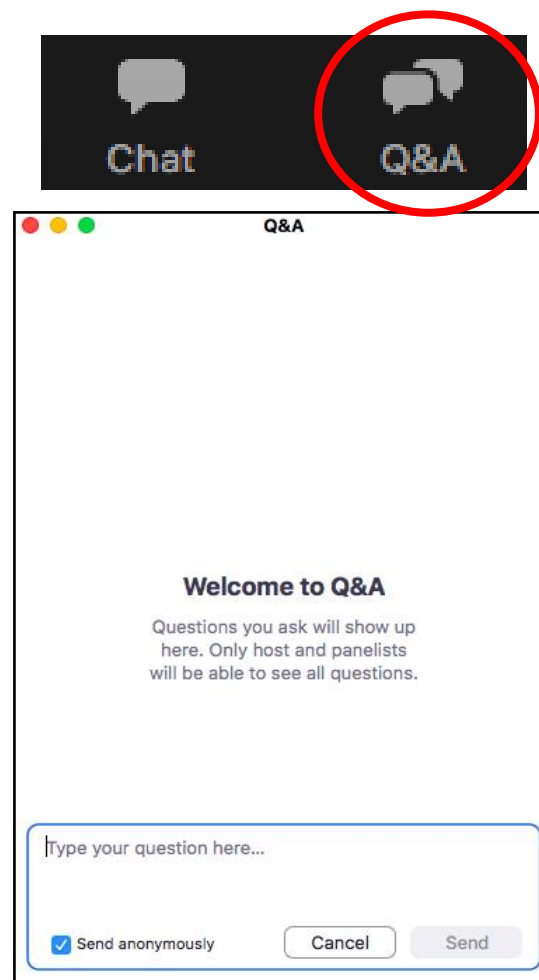
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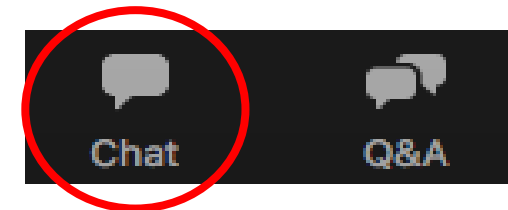
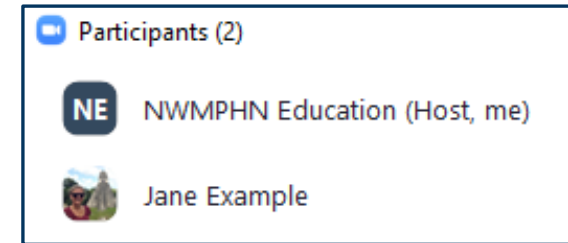


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Speakers

- **Dr Mukesh Haikerwal**
 - North Altona Medical Group & Cirqit Health
- **Carolyn Billington**
 - Port Fairy Medical Clinic



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Altona North Medical Group & Cirqit Health

Dr Mukesh Haikerwal



Mukesh Haikerwal AC

- Director CIRQIT HEALTH: Community Innovation Research Quality and Information Technology
- General Medical Practitioner: Altona North Medical Group
- Enterprise Professor, University of Melbourne
- Board Brain Injury Australia
- Board Medtech Actuator
- Chair Of Council. AMA Victoria
- Deputy Chair, Australian GP Alliance
- Gold Medalist / 19th President, Australian Medical Association
- Life Fellow: Royal Australian College of General Practitioners
- Past Chair of Council, World Medical Association
- Ex-Chair Australian Institute of Health and Welfare
- Ex-Head of Clinical Leadership, Safety & Stakeholder Management: National E-Health Transition Authority
- Ex-Commissioner, National Health & Hospitals Reform Commission

ALTONA NORTH GP Respiratory Clinic Apr 2020- Sep 2022

- **April 2020, pop-up COVID-19** testing clinic car park back of the practice.
- **Processes refined** over time > Drive Through COVID testing + F2F consultations with GPs > COVID-19 vaccinations. **EVALUATED BY UoM**
- **Primary focus infection control –minimise** contact between individuals and high-touch surfaces
- Our consulting rooms in separate **Tenancy** to GP rooms constructed with infection control in mind:
Negative pressure airflow; HEPA filters; easily cleaned (bleach) floors and walls

Old Set-up



Demountable Consult rooms



Carpark Check-in



DTTC



Remote Scribes



Cleaning Products



Clean Specimen Collection



Room Cleaning



November 2020 ANRC Moved.....

Our consulting rooms in separate Tenancy to GP rooms constructed with infection control in mind:
*Negative pressure airflow;
HEPA filters; easily cleaned
(bleach) floors and walls*



ALTONA NORTH GP Respiratory Clinic Apr 2020- Sep 2022

Welcoming new skill sets:

- Of 100 staff through the Respiratory Clinic, approx **half** from a health-related background (including students).
- Many sectors closed due to the pandemic -**lots of young people were without work.**
- We trained **fashion designers, travel agents, baristas, pilots, dancers and students from all backgrounds.**



Juliana, originally from the travel industry, joined Respiratory Clinic in July 2020 and uncovered a passion for health care! Now completing her Nursing degree, she started work at Austin Health last week!

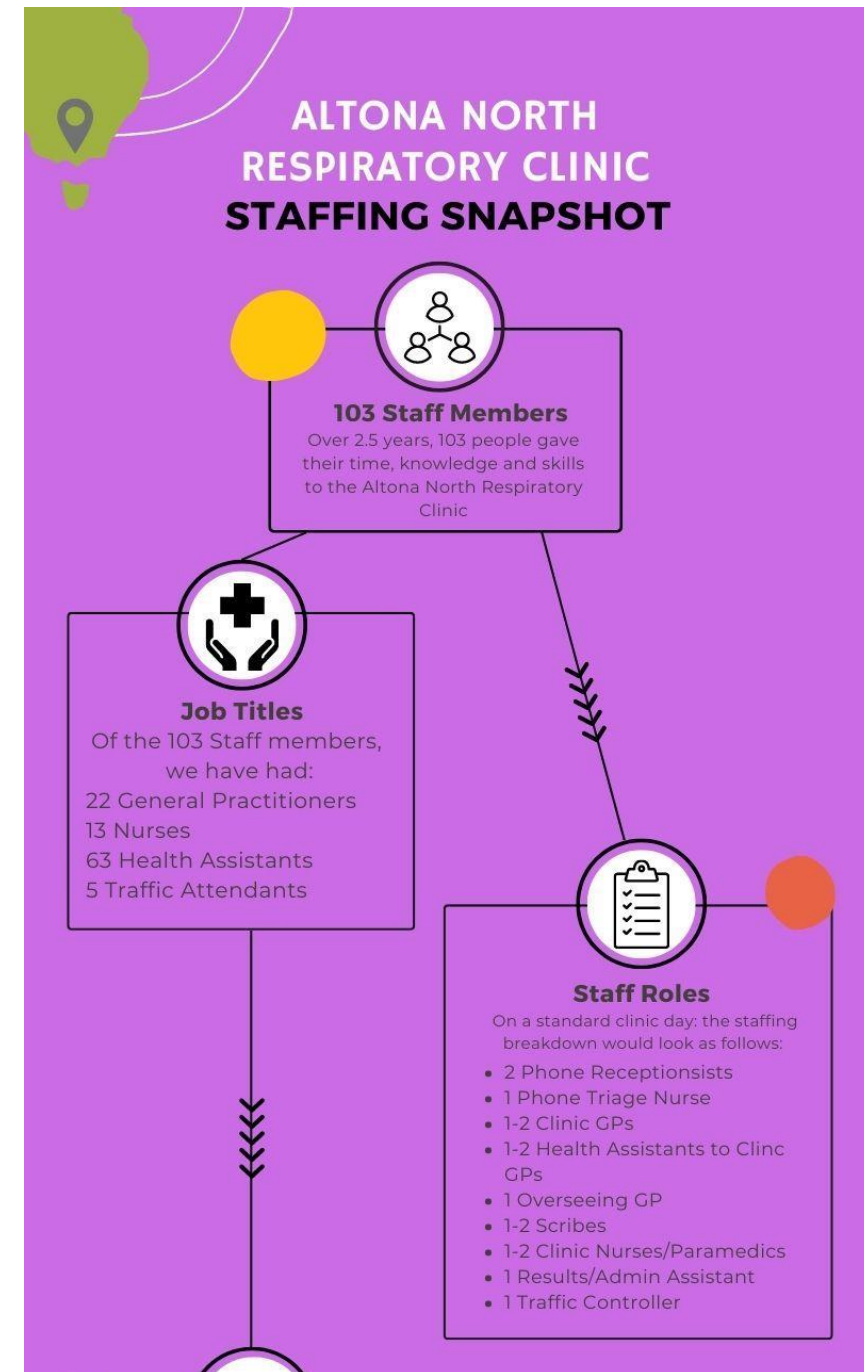
ALTONA NORTH GP Respiratory Clinic

Of 103 staff members over 30 months

- 22 GPs
- 13 Nurses
- 63 Health Assistants
- 5 Traffic Attendants

Health Assistants worked across a variety of roles:

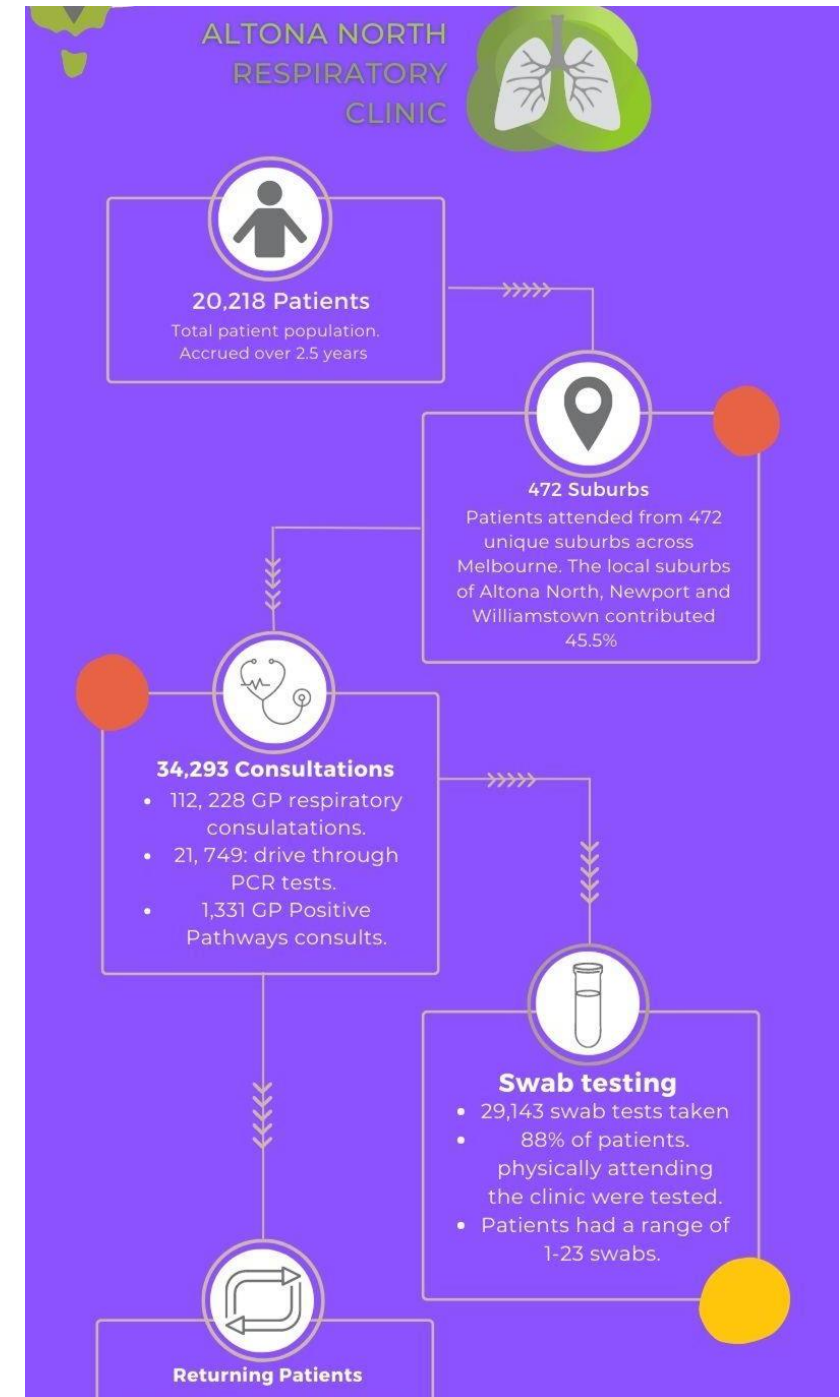
- Scribes
- Receptionists
- Assisting GPs in clinic
- Triage
- Respiratory swabs (paramedics)
- Concierge
- Traffic control



ALTONA NORTH GP Respiratory Clinic

Patients attending Respiratory clinic:

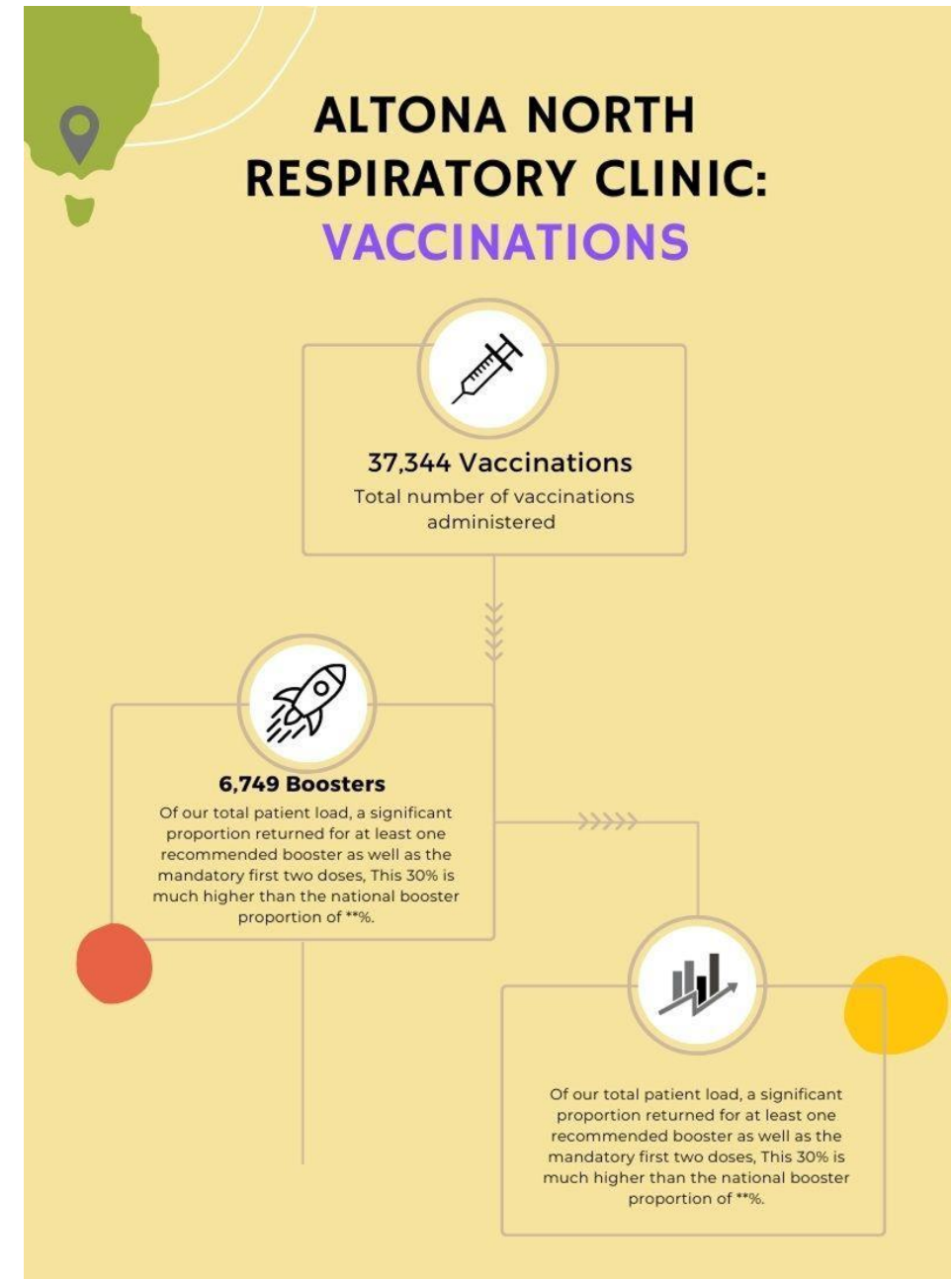
- 20,218
- 472 suburbs
- 34,293 consultations
 - 12,228 GP consultations
 - 21,749 Drive through
 - 1,331 GP Positive pathways consultations
- 29,143 swabs (patient range 1-23)



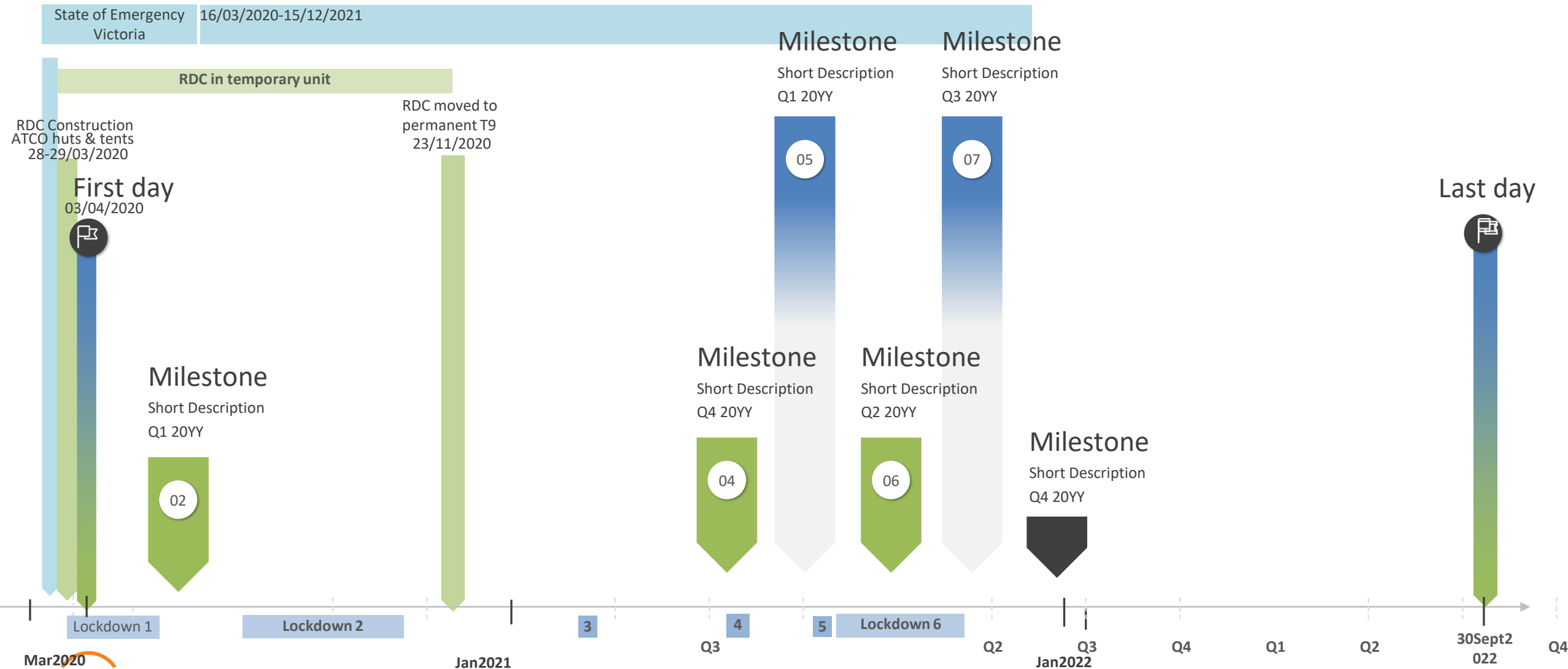
ALTONA NORTH GP Respiratory Clinic

Vaccinations:

- 37,344 Vaccinations
- Of which 6,749 boosters
- 30% of patients returned for a booster



ANRC Timeline





RDC Closed on 30th September 2022

On this day we ran our final vaccination session.

Although we are no longer funded by the Federal Government, we understand that people in our community are still unwell with respiratory disease.

Where we are now

Now we run an extremely **scaled-down version of RDC** as an adjunct to the Altona North Medical Group, in what is now known as the **Immediate Care Clinic (ICC)**.

This operates with one doctor and 1 Nurse and/or Clinical Health Assistant

Although the team has been reduced, the **high standard of infection control remains**.

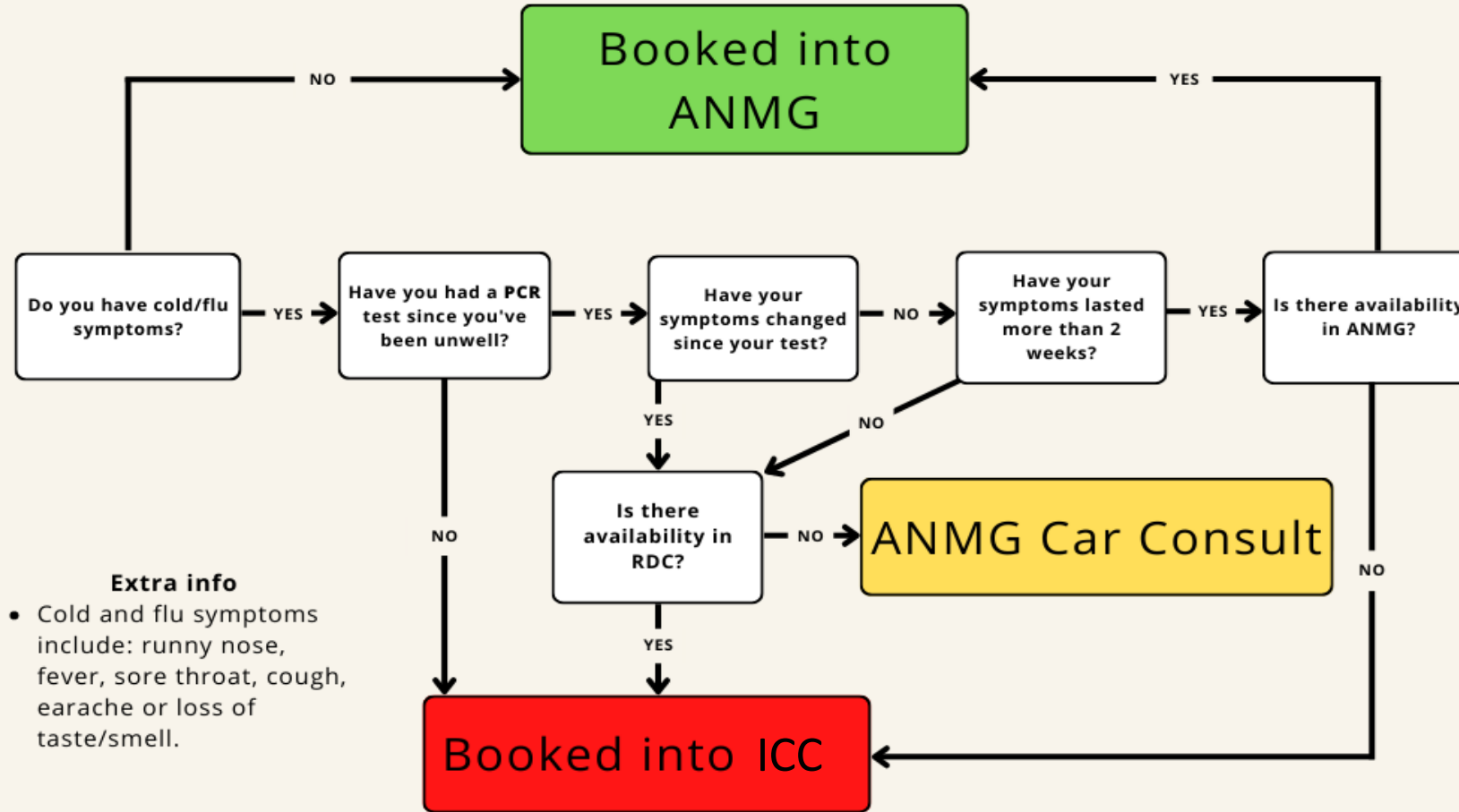
People are **still unwell with respiratory illness** in our community, particularly now as we are in Spring, with an increase in hay fever and asthma after a tenuous winter of RSV.

NOT URGENT CARE, Not ACUTE CARE, but increase access and reduce need ED referral with early intervention in business hours.





Triage script for Patient with cold-like symptoms



Extra info

- Cold and flu symptoms include: runny nose, fever, sore throat, cough, earache or loss of taste/smell.

otherwise stated by a Dr.

- Avoid booking carpark consults in the dark.

ANMG/Immediate Care Clinic— Process

Booking by phone only

Phone reception

- Take calls to book appts
- Allocate to either: ANMG, Acute/Emergency, RDC
- Acute/Emergency/RDC are all booked under one GP who works from T9/RDC for the day.
- Respiratory/Acute appts are distinguished by colour on the appt screen.
- Initially 1 phone receptionist upstairs to help with ANMG calls.
- ANMG reception also to book RDC/Acute appts but upstairs reception responsible for billing them
- Confirm & collect (missing) details - 3 point ID check
- Instructions on appt process, where to go.
- Inform payment is expected at time of consult
- Confirm appt time

Receptionists

Allocation

ANMG

- Appts booked as normal.

ACUTE

- Patients who walk in with injuries/ complaining of chest pain can be booked here instead of squeezed into ANMG.

ICC

- Anyone with any respiratory symptoms are booked here, including those who are already COVID negative or recently COVID positive.

Arrival at clinic

Checked in at ANMG

- Patients checked in as normal. Patients with respiratory symptoms can be redirected to RDC.

Checked in at ICC

- Patients are greeted by a clinic receptionist and their obs are collected by paramedic and nurse.
- Where possible, height weight and blood pressure can be taken before seen by a doctor.
- Acute patients walking in to ANMG can be sent down the corridor to T9, with radio communication between ANMG reception and T9/RDC reception.

Nurse/Clinical Health Assistant

Appointment

GP review in ANMG as normal

Acute Patient consult in T9 Rooms

- Patients reviewed in T9 rooms by GP with assistance of HA and scribe.

Respiratory Patient consult in ICC Rooms or Car-port

- Respiratory consultations conducted as per normal RDC processes.
- Point of care tests can be conducted as normal, with the possibility of billing for the test with sufficient accreditation.
- Patients can be referred for ultrasounds, chest X-rays or rebooked for further care where appropriate.

GP

Post Appt care

Scripts/Results

- Handled as per normal ANMG procedure.

Scripts/Results

- Handled as per normal ANMG procedure.

Scripts/Results

- Negative Covid/viral results given via SMS as usual Melb Path.
- Scripts forwarded to Larry
- Results follow up can be conducted by T9 staff when not busy.

GP/Nurse/Clinical HA

Billing

Billed through ANMG as normal

Billed before leaving ICC

- Billed by ICC Clinical Assistants
- Payment taken at time of consult – portable EFTpos terminal

Nurse/Clinical HA

ICC - Process Driven

EQUIPMENT & SETUP

- Radio & NAHH4 mobile to ANMG receptionist

YELLOW TUB:

- NAHH 2 & NAHH 5 mobiles
- Radios
- Headsets if HA scribing
- 2-3 laptops & Grey ipad
- Otoscopes x 2
- Thermometers & Oximeters and stethoscopes
- Gowns and caps

- Place car park sign, mats and yellow bin out
- Setup up outside table:
 - Masks
 - Gloves
 - Hand sanitizer & Isowipes
 - Thermometer & Oximeter
 - Equipment bucket
- Set up laptops
 - GP to log in (for own use or HA scribe)
 - Ensure printer trays are correct
- Set up equipment trolley:
 - Gloves
 - Stethoscopes
 - Otoscopes
 - Tongue Depressor
 - Hand sanitiser
 - Isowipes
 - Sonidet
 - Bleach bottles
- **Ensure correct donning procedures**

CHECK IN

- Patients are greeted by a clinic Health Assistant and parked in a bay.
- 3 point ID check completed and patient attended under the clinic GP
- Brief assessment & triage of clinical presentation
- Obs – temp, O2 sats etc are collected if clinically indicated or requested by GP.
- Acute patients walking in to ANMG can be sent around to T9, with radio communication between ANMG reception and T9/ICC staff.

CONSULTATION

Patient consult in ICC Rooms or Car

- Respiratory consultations conducted as per normal RDC processes and 1 way flow through clinic
- Health Assistant assists throughout the consult with:
 - Preparation of equipment,
 - Pathology forms,
 - Scribing { if required by GP}
 - Script sending
 - Cleaning of all equipment and consult rooms after each consult
- Swabbing performed as required by either GP or paramedic/nurse.
- Patients can be referred for ultrasounds, chest X-rays or rebooked for further care where appropriate.
- If deemed appropriate by GP, height, weight and blood pressure can be taken
- At conclusion of each consult HA:
 - Cleans all equipment with isowipes, sonidet etc
 - Cleans the consult rooms if used



BILLING

Billed through ANMG as normal

Payment before leaving T9

- Eftpos/Credit card terminal
- Take payment using card only.
 - Mark as paid in ICC
 - Patients Initials added to terminal receipt and taken back into ANMG at end of shift for reconciliation

PACK UP

- All equipment is cleaned with isowipes or sonidet accordingly and placed back in Yellow tub or on stand to dry.
- Face shields and goggles are washed and placed to dry.
- All surfaces of consults room are wiped down/bleached.
- Technology equipment is packed up and placed back in Yellow tub
- Masks, gloves, sanitizer etc placed back in cupboards
- Outside table, mats, clinical bin and signage placed back inside
- List of required supplies for restocking made.
- Lights, A/C & purifiers turned off
- Doors are locked

Ensure Correct doffing procedures

- Red Pathology bag delivered to Melbourne Path



POST CARE

Scripts/Results

- Scripts forwarded to pharmacy via NAHH phone or handed to patient
- Negative Covid/viral results given via SMS from Melb Path.
- Results follow up as per normal ANMG process

ICC Staff

ICC staffed by:

- 1 ANMG GP
- 1-2 Nurse/Clinical Health Assistant (paramedic or student nurse)
- All staff wear full PPE and maintain correct infection control procedures.
- Currently running 1x (3-4hour) session of 10-15 mins appointments each weekday => 12 – 20 appointment slots each day
- Session time varies each day depending on GP rostered on and their preference



ICC - carport

Undercover carparking, allows for car park consults protected from the elements



ICC Consult rooms

All surfaces are able to be
wiped/cleaned

Air purifiers and negative air

Minimal equipment in the room.

All room and equipment used are
cleaned after consult by HA



ICC Centre

Laptops for checking patients in and
GP Clinical notes

Printing of scripts, pathology forms,
certificates and referrals



Car park consults outside of ICC sessions

Equipment is set up
in the Exit bay to
support GPs conduct
these safely



WHY ??

- Learnt lessons from the past!
- Infection control (*no staff member contracted COVID from the ANRC workplace*)
- Mitigate the risk to vulnerable, frail patients, their families and staff
- Mitigate risk to workforce and resource strain when staff away sick
- Efficient use of resources
 - Block session of bookings, prevents the scattering of car park appointments
 - Staff are geared up, protected, efficient and not having to change into and out of PPE several times a day.
- Offer comprehensive face to face consult – allows for a full clinical & physical assessment which is not offered by Telehealth consults
 - Ability to listen to chest, look in throat etc

So the logic for the ICC is that,.... it is just another part of the clinic





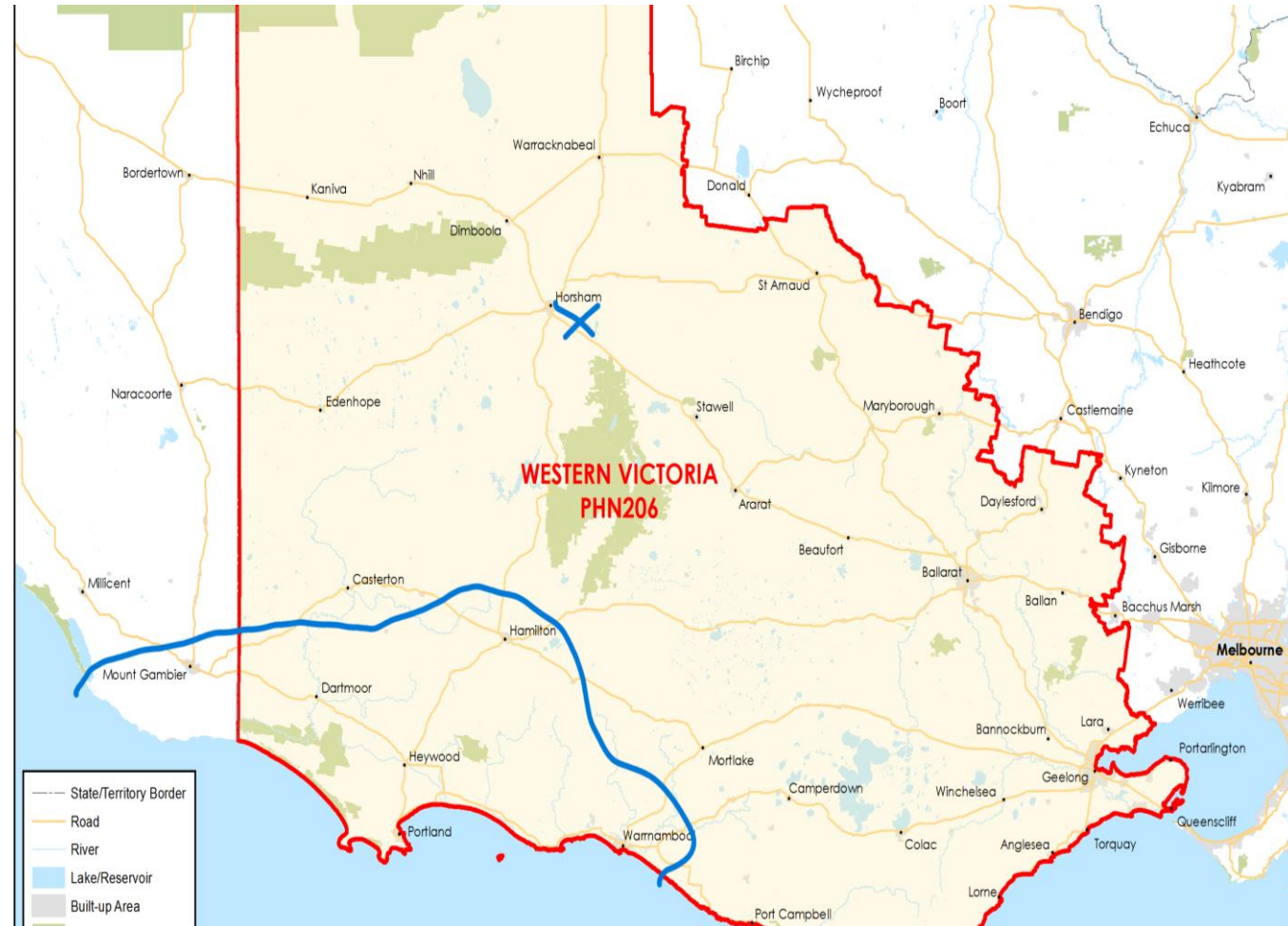
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Port Fairy Medical Clinic

Carolyn Billington



Our Region



Port Fairy

Population: 3340

Tourist Town: Grows by up to 10,000 people within the summer holidays

Clinic: 6 Consult rooms, separate nursing area

100 bed Nursing Home at back of clinic. 12 bed Hospital – VMO's from PFMC only

Allied Health Visiting Consultants: General Physician, Dietician, Alcohol & Drug Rehab Counsellor



Koroit

Population: 2055

Small country town that is growing with young families.

2 Primary Schools, Kindergarten

Clinic: 3 Consult Rooms, Nurses Treatment room, Pathology

Large intake of Warrnambool Patients



Macarthur



- Rural farming town
- Population: 522
- Small Primary School
- Community Health Building owned by SWHC
- 1 GP Consult room, assisted by Nurses from DNS
- Throughout Covid we had to follow the rulings of SWHC

• Considerations During Covid

- Communication to staff and community of new changes– telehealth vs face to face
 - Turn around to telehealth within 4 hours
 - Communicating to the community on a regular basis via social media
 - Protecting our Nursing Home, Hospital and vulnerable community.
 - Education to staff
 - Management of changes alongside Moyne Health Services
- Very minimal support from Respiratory centre
 - Only Resp Centre 25 mins away and were selective at times as to who they saw
 - Difficult for some patients to access
 - Worked with other clinic (opened in 2021, closed 2023) PFMC vaccinated, SMC drive through testing
- How do we deal with Covid Positive patients/staff
 - Due to limited space – car park consults
 - Keeping staff Covid free – splitting into teams
 - Ensuring home access to offsite logins for working from home
 - Policies/Guidelines for staff regarding workplace expectations of illness

- State vs Federal Regulations

- Working with Nursing Home and Hospital

- PPE and RAT tests

- The great divide between State and Federal Funding!!

- Staying “ahead” of the Pandemic

- We tended to be first to change and last to revert

- How do we support large population of patients, Nursing home and Hospital staff with vaccinations

- SWHC rules and regulations for Macarthur
- Accreditation and storage at branches
- Appropriate number of immunisers vs number needing to be immunised
- How to set up safe and appropriate vaccine clinics. Drive through flu vaccines then large covid clinics
- Think of MHS during covid clinics
- Had support from Barwon Health for first round of vaccinations, we then supported MHS for second – fifth rounds of vaccinations
- Drive through clinics for Influenza, large Covid vaccination clinics – focus on over 65 first (2500 pts in this group)

CONSIDERATIONS IN 2023

- Other disease concerns
 - RSV, Influenza, Covid Complacency
- Staff and patient fatigue of COVID
- Constant conversations of how to make this “normal” but still be vigilant
- Staff running out of sick leave – “it's just a sniffle”
- Ongoing Vaccination
 - Debates over how much stock do we have
 - Going back to larger vaccination clinics

Screening and Triage Process

- All patients: Do you have cold and flu symptoms
YES: have you completed a RAT test. No: Given on arrival

On arrival at clinic for F2F appointment:

- **Yes**: please remain in your car, GP triages via phone

IF GP determines they are COVID free pt brought straight into consult room, Pt must wear a mask.

Only in room for under 10 mins and then straight out to car again. Billed via mail or via phone.

- Triaging must be completed on every patient (constant reminders)
- If patients don't quite tell the truth, and exhibiting signs asked to go back to car
- I realise this isn't ideal for everyone, but maybe separate area available to have pts wait in. Offering telehealth/conference for those with symptoms.

What did we learn?

- We can change quickly and effectively
- Patients don't always need F2F appointments
- New collaborations can come about in stressful times
- Larger organisations may not be of assistance but will expect your support of them
- Changing regulations from State and Federal Governments do not make decision making easy
- Communities do appreciate what you do for them so long as you communicate effectively
- Communication, communication, communication
- Policies and Guidelines do make life easier but again must be communicated effectively and not be too complicated
- Ensure all staff are OK, they are in a very stressful situation.







3

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Assessing Respiratory Presentations in General Practice

Acute Asthma in Children

Acute Respiratory Illness in Children

Asthma in Children and Adolescents

Bronchiolitis in Infants

Croup

Chronic Cough in Children

Influenza

Pertussis (Whooping Cough)

Pneumonia in Children

Wheeze in Children Aged 1 to 5 Years

Paediatric Respiratory Referrals

Rheumatology - Child

Youth Health

Investigations





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Listeriosis – advice for people at risk

There are currently a number of multi-state clusters of listeriosis under investigation nationally. People at increased risk of listeriosis should avoid consuming high-risk foods. [Read more...](#)

13 September

60-day dispensing – PBS medicines and current item codes

From 1 September 2023, GPs are able to write scripts for 60 days with 5 repeats for certain PBS medications. For further information, see [60-day prescriptions of PBS medicines](#), [searchable table PBS for 60-day dispensing](#), and [information kit](#).

1 September

COVID-19

Pathway Updates

Updated – 25 September

[Managing Type 2 Diabetes](#)

Updated – 21 September

[Motor Neurone Disease](#)

Updated – 21 September

[COVID-19 Vaccination](#)


Updated – 20 September

[Behavioural Disturbance in Older Adults](#)

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- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

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- Assessing Respiratory Presentations in General Practice
- Acute Asthma in Children
- Acute Respiratory Illness in Children
- Asthma in Children and Adolescents
- Bronchiolitis in Infants
- Croup
- Chronic Cough in Children
- Influenza
- Pertussis (Whooping Cough)
- Pneumonia in Children
- Wheeze in Children Aged 1 to 5 Years
- Paediatric Respiratory Referrals

- Respiratory

- Asthma in Adults
- Bronchiectasis
- Chronic Cough
- Community Acquired Pneumonia (CAP) in Adults
- COPD
- Dyspnoea
- Haemoptysis
- Home Oxygen
- Lung Cancer
- Silica Exposure
- Spirometry Interpretation
- Tuberculosis (TB)
- Respiratory Referrals
 - Acute Respiratory Referral or Admission (Same-day)
 - Non-acute Respiratory Referral (> 24 hours)
 - Lung Function Testing
 - Pulmonary Rehabilitation
 - Home Oxygen Referral

Relevant pages

- [COVID-19](#)
 - [COVID-19 Recent Changes](#)
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 - [COVID-19 Assessment and Management](#)
 - [Suspected COVID-19](#)
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- [Local Public Health Units \(LPHUs\)](#)
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Assessing Respiratory Presentation in General Practice

Assessing Respiratory Presentations in General Practice

Last updated: 5 May 2023

This pathway covers options for delivering care to patients with respiratory symptoms while maintaining infection control principles. See also:

- [COVID-19 Practice Management](#)
- [COVID-19 Assessment and Management](#)

Clinical editor's note

Thunderstorm Asthma seasonal risk alert

The epidemic thunderstorm asthma risk is elevated in Victoria during grass pollen season. The risk forecast will be issued from 1 October to 31 December via the [VIC Emergency](#) website and app and [Health.vic](#) website.

Ensure practice preparedness and that at-risk patients, including those with seasonal allergic rhinitis or ryegrass allergy and no prior asthma history, have access to preventers and relievers during grass pollen season and are aware of ways to reduce their risk on high-risk days.

For more information, see Asthma Handbook – [Thunderstorm Asthma](#) or the Thunderstorm Asthma pathway.

Testing for respiratory pathogens

Consider respiratory virus PCR (including influenza, RSV, and COVID-19) for all patients at [high risk of severe illness](#).

Background

[About assessing respiratory presentations in general practice](#)

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Assessing Respiratory Presentation in General Practice



respiratory



Melbourne

- Palliative Care
- Respiratory
 - Assessing Respiratory Presentations in General Practice
 - Asthma in Adults
 - Asthma Cycle of Care
 - Bronchiectasis
 - Chronic Cough
 - Community Acquired Pneumonia (CAP) in Adults
 - COPD
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you.



Session Conclusion

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

Scan this QR code

