Pinnacle
Midlands Health Network

Clinical Zoom 27th August

What does level 3 look like ?

Level 3 – similar precautions / more in-person patients

Expect 30% of consults to be in person.

Phone triage everyone.

Telehealth consultations to patients as first choice: telephone, video and patient portal.

- In-person visits should be preceded by virtual triage or assessment.
- Physical distancing procedures within the surgery.
- Scrupulous hand hygiene & PPE.
- Investigations should be provided if there is a strong suspicion of pathology.
- Proactive care is important for patients with chronic disease.
- Equity is central to care with a focus on Maori, Pasifika and vulnerable populations.
- Increase focus on elderly, children, chronic conditions and mental health.
- Business as usual services need to continue including preventive services, immunisations, contraception services and acute care.
- Medicolegally any deviation from your standard practice as a result of COVID-19 should be documented in the patient's notes.

Health condition	GENERAL PRACTICE STAFF: Frontline clinical staff with close clinical contact (e.g. doctors/nurses in general practice clinics or EDs)	GENERAL PRACTICE STAFF: Frontline staff in a clinic/ ward but without close patient contact (e.g. reception staff, cleaning staff in general practice clinics or EDs)
Over the age of 70 years?	no	discussion needed
Unvaccinated against COVID-19?	no – for patient safety	yes*
Pregnant or breastfeeding?		
Pregnancy over 28 weeks	no	discussion needed – if your practice or hospital can separate between potential COVID-19 patients and non-COVID-19 patients, you can resume normal clinical duties
Pregnancy under 28 weeks with a heart or lung condition	no	
Pregnancy under 28 weeks without a heart or lung condition	no	
Breastfeeding	yes, with appropriate controls	yes

* Unvaccinated staff can work in practices provided they practise social distancing and wear appropriate PPE. They should be restricted to 'green zones' in practices.

Who can return to work ?

No change from level 4 around advice for primary care staff.

NB – no change in this advice for level 1 or 2

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Compulsory Scanning

Everyone over the age of 12 must keep a record of where they have been when visiting certain places inc. healthcare providers

We must :

- keep a record of the people in our practices
- have systems and processes in place to help people record their details.

- NB Privacy of written lists – a ballot box and paper records / staff member
- Name, phone number, (email, address) date / time entered
- Keep written record for 30 days

(? Consider specific QR codes for each room in the practice)

Privacy note next to alternative system

- *This information is being collected to assist in the management of COVID-19. It will be given to the Ministry of Health and/or the District Health Board on request if it is required for contact tracing purposes. We will not use it for any other purpose, and will destroy it after 30 days.*
- *It will be kept here at [name of the establishment].*
- *You have a right to access and correct any information we hold about you.*

https://covid19.govt.nz/business-and-money/businesses/contact-tracing-at-your-workplace/

Level 3 – pro equity

Pro-equity activities

- Actively recalling / encouraging Maori / PI to attend covid vaccination
- Actively calling / providing Maori / PI / dep 9/10 with bowel screening FIT test
- Actively recalling / providing Maori / PI / dep 9/10 with childhood vaccinations, HPV, MMR catch-up
- Actively recalling / providing Maori / PI / dep 9/10 with cervical screening, breast screening referrals
- Actively contacting smokers and providing smoking cessation services

Level 3

- All staff to link into the “End of Life Choice Act” learnonline module

(https://learnonline.health.nz/)

- Look at the resources on Pinnacle website – managing covid in the community (https://www.pinnaclepractices.co.nz/resources/covid-19-pinnacle-guides-and-resources/)
- View Webinars that are worthwhile

- https://covid.immune.org.nz/news-insights#webinars
- https://www.goodfellowunit.org/webinars
- https://mobilehealth.co.nz/webinars/
- https://www.medicalprotection.org/newzealand/events-e-learning/events
- Pinnacle clinical zooms and clinical snippets
- https://www.pinnaclepractices.co.nz/resources/clinical-zoom-meeting-snippets-august-2021/

Figure 1. Tuberculosis notification rate (crude rate per 100,000), New Zealand, 1922–2004

NZMJ 13 October 2006, Vol 119 No 1243
URL: http://www.nzma.org.nz/journal/119-1243/2249/

In the new new normal ….

What number of COVID cases do we consider acceptable ?

What level of deaths from covid do we think society will tolerate?

What level of risk of infection do we think health care workers will accept ?

Death due to TB—Of the 3772 cases notified during 1995–2004, 227 died from TB. This variable was not reported for 343 cases so they are excluded from the analysis. For the 1995–1999 period, the case fatality rate averaged 8.0% and mortality rate averaged 0.7 per 100,000. For the 2000–2004 period, the case fatality rate averaged 5.3% and the mortality rate averaged 0.5 per 100,000. Both the case fatality rate (p=0.01) and mortality rate (p=0.03) were significantly lower in the 2000–2004 period than in the 1995–1999 period.

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In the new new normal ?

Telehealth service as first contact

"Ask yourself whether you will add significant value to the patient by an in-person consultation compared to a virtual consultation"

"80% in person 20% Telehealth" ?

Red / green streaming for respiratory patients

Masks for all practice staff with all patients or just those with respiratory symptoms ?

Masks for all patients or just those with respiratory symptoms ?

Staff vaccination

QR coding