

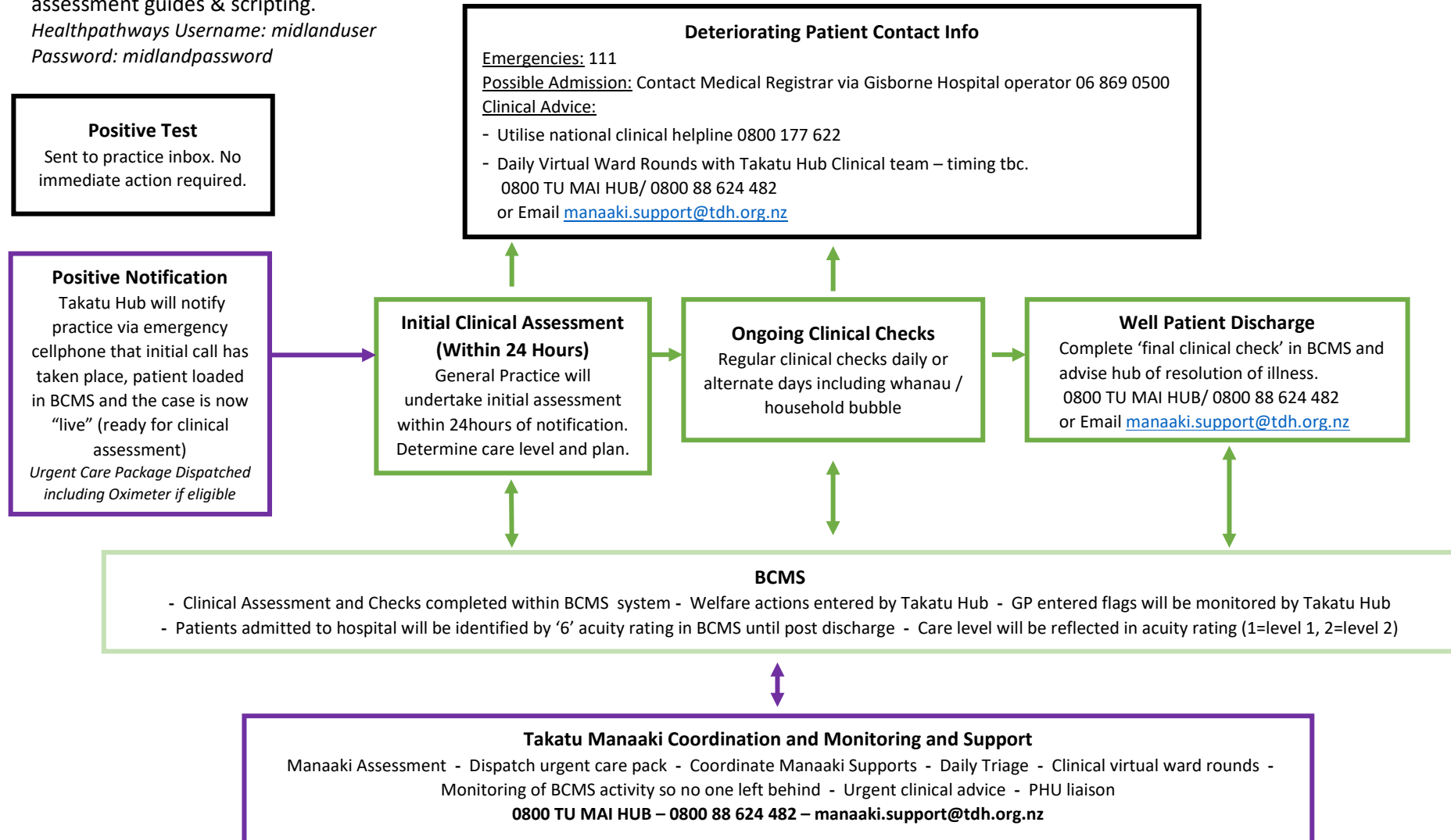
Tairāwhiti Clinical Quick Guide

The below diagram shows the critical process flows for general practice teams in Tairāwhiti. To be read in conjunction with Takatu Interface section in Takatu Stakeholder Pack (also included in Appendix 1).

Refer to Community HealthPathways for clinical care guidance <https://midland.communityhealthpathways.org/728651.htm> and/or see Appendix 2 for assessment guides & scripting.

Healthpathways Username: midlanduser

Password: midlandpassword



BCMS

BCMS is the IT system for Community COVID care. You should have received your login details directly in your email.

Training/User Guide

General training video – first 30mins of this video (ctrl click): [**Download Attachments**](#)

Training guide:



BCMS Training Guide
Community 14-12-202

Acuity Rating Rules

Within Tairāwhiti we have decided to use the acuity rating as follows:

3	<i>Default (and starting) rating. Shows inaction for individual</i>
1	COVID Care Level 1
2	COVID Care Level 2
6	In Hospital Care

Support

Local Support please contact either:

- matt.tong@pinnacle.health.nz 027 616 4817
- Takatu Hub manaaki.support@tdh.org.nz or 0800 88 624 482

The Ministry of Health offer drop-in sessions for non-urgent queries as follows:

THESE ARE DROP IN POST TRAINING

- 3pm on Tuesday / Thursdays <https://mohnz.zoom.us/j/9192057512>
- 10am Wednesdays <https://mohnz.zoom.us/j/9192057512>

Tairāwhiti Claiming Guide

Claiming for Community COVID consultation occurs through primary options with full details available here:

<https://www.pinnaclepractices.co.nz/programmes/positive-covid-19-community-care-tairawhiti/>

We've developed an excel spreadsheet to help you track care per patient. With such highly detailed claiming, along with the one type of claim per day restriction, we suggest you track care delivered via the spreadsheet and then claim when the patient is no longer acutely unwell/the episode of care is complete. You can download the excel template here: <https://www.pinnaclepractices.co.nz/resources/positive-covid-19-community-care-claim-form/>

Process

Within BCMS at the end of each clinical assessment or check, use the 'send to GP' function to send notes to GP inbox (note: GP details within BCMS may need to be confirmed in initial assessment). Use this information within primary options claim.

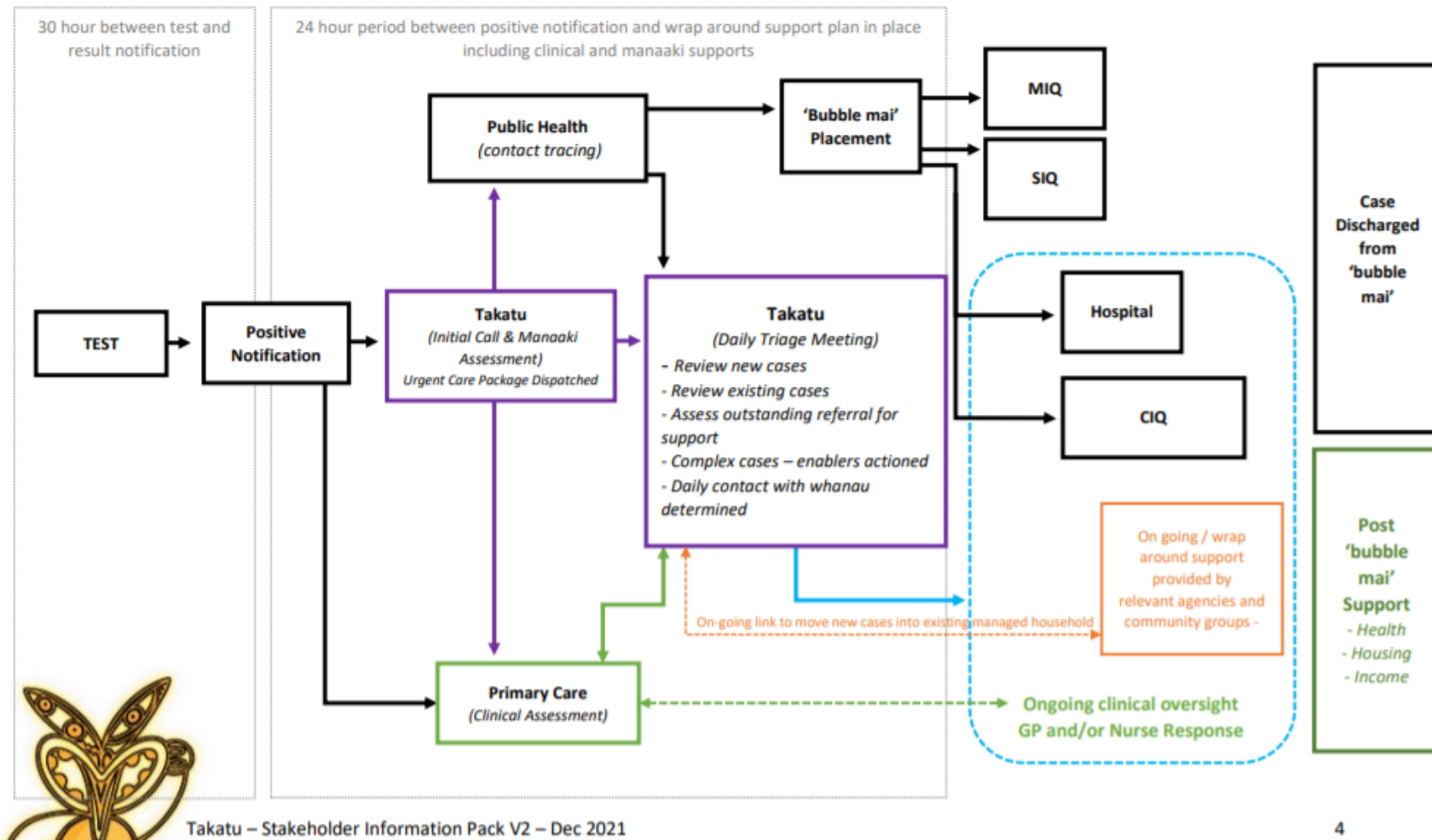
For after hours consultations from other practices' patients there is a function within BCMS to 'print' health check notes which your admin can then add to a casual patient primary options claim for that patient.

Appendix 1: Takatu Interface (General process flow - from stakeholder pack)



Takatu - Stakeholder
Package V2.pdf

Full stakeholder pack:



Appendix 2: Clinical Assessment Scripting

What happens outside of clinical care at initiation of case

The following will have been asked by the Takatu Hub at the initial matataki contact - purpose - to inform patient of their positive result and find out what support they require in order to stay home. They will also do an initial simple symptom check in.

Confirm this is the correct person via:

- o Name

- o Date of Birth

If they are under 16, ask to speak to a guardian.

Do you have a legal guardian, or require a nominated spokesperson to speak on your behalf?

If yes, obtain details: Full Name, Phone Number, Email

Language spoken

PHU will, at some point after the matataki contact, make a call to the patient around case investigation/contact tracing. This may have happened prior to the initial GP contact.

Manaaki Provider will:

Help patient set up isolation

Check in daily to ensure they are provided for to continue isolating

Liaise with other organisations to ensure needs are met (e.g. MSD)

Support whanau to manage their affairs whilst isolating if they require this support e.g. getting food and medication supplies, dealing with employers, cancelling appointments.

First clinical assessment

- Clinical assessment of current symptoms - see lists below
- Risk stratification
- Determine COVID care level 1 or 2 (or hospital if acute)
- Document location of isolation
- Note any comms from public health, Community Quarantine facilities as needed.

<i>Primary/common COVID symptoms.</i>	<i>Secondary/less common COVID symptoms</i>
Fever	Headache
A new or worsening cough	Myalgia
Sore throat	General weakness
Shortness of breath	Irritability/confusion
Runny nose	Chest pain
Altered sense of smell or taste	Abdo pain
	Joint pain
	Nausea/vomiting
	Diarrhoea

If patient is not already known to you, check for the following:

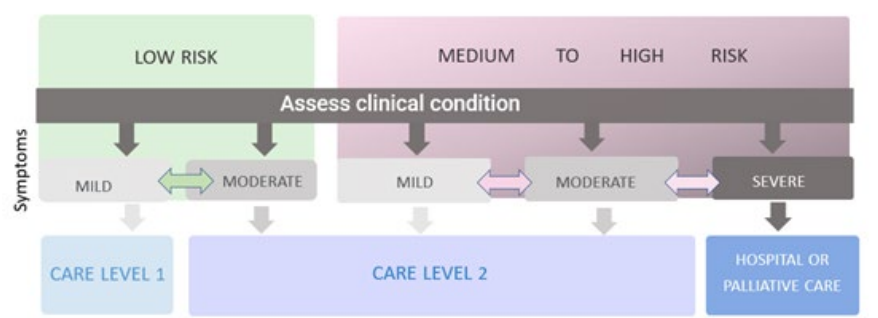
- Heart Disease
- Diabetes
- Liver Disease
- Neurological Disease
- Kidney Disease
- Chronic Lung Condition
- Cancer
- Pregnancy/postpartum (gestation)
- Mental Health
- High Blood Pressure (hypertension)
- Smoker

Are you on any medications?

If the Case has any underlying conditions:

Do you have any regular symptoms associated with your existing conditions?

COVID-19 risk and care levels



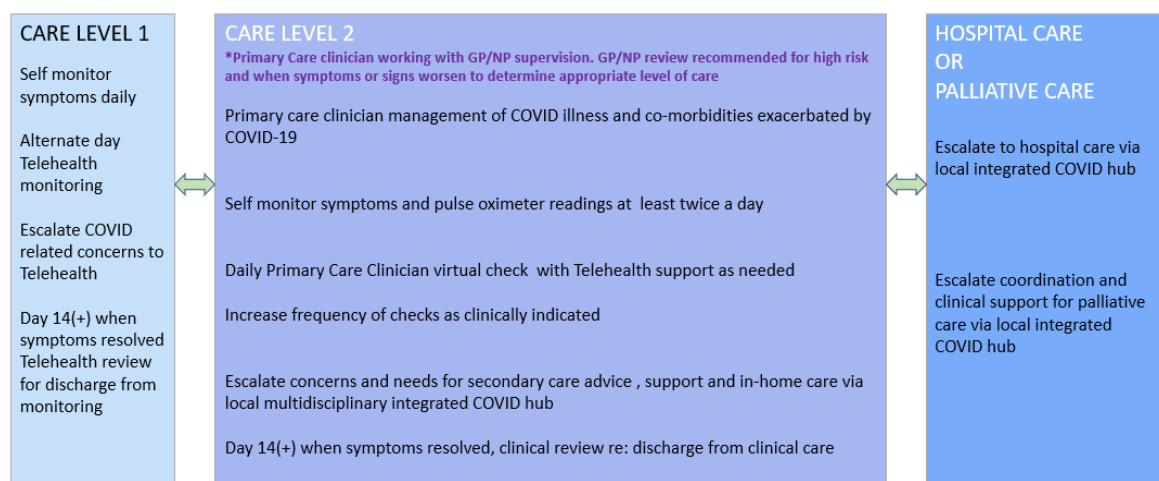
Risk Assessment – COVID-19 Patients

At risk = Any positive factors listed below Low risk = Absence of any of the factors listed below		
COVID-19 vaccination status	Unvaccinated, or second vaccination received less than 2 weeks before testing positive	
Risk of complications	<p>Pasifika > 39 years, Māori > 44 years, other ethnicities > 65 years</p> <p>Medical history:</p> <ul style="list-style-type: none"> • pregnant, or within six weeks of giving birth • immunocompromised • active malignancy • CVD: hypertension or ischemic heart disease • diabetes • chronic kidney disease • chronic obstructive pulmonary disease (COPD) or asthma • stroke (CVA) • epilepsy • liver disease • mental health or addiction • frailty • smoker (tobacco or cannabis) • BMI > 30 • CPAP use for sleep apnoea 	<p>Complex or dynamic circumstances</p> <ul style="list-style-type: none"> • social isolation • geographical isolation (rural) • lack of transport • unreliable phone or internet connection • housing insecurity • housing crowded or damp and cold • requires carer support • absence of a suitable caregiver • disability support required • family harm notifications • health literacy support required • requires an interpreter

Version: December 14, 2021

Risk Assessment – COVID-19 Patients

COVID-19 care levels explained¹



¹ At the time of this table's development, isolation was at least 14 days long; it is now at least 10 days long.

Daily assessments

Change is the key

- Note day of management plan
- Check location unchanged
- Assess current symptoms and change (see recommended questions below).
- Note ease and comfort of speech.
- Other symptoms relating to cough, fever, hydration, DVT symptoms, sleep, eating, mood
- Check in on other co-morbidities
- please record SpO2 on your PMS using \SpO2
- Interpret self-monitoring results with caution in the context of your wider assessment.
- Check risk stratification has not changed

Call hospital if the patient develops:

- Severe shortness of breath at rest
- Respiratory compromise
 - Talking with single words or short sentences
 - Pausing between sentences to catch their breath
 - Noisy breathing
 - Blue face or lips
 - Respiratory rate greater than 20 breaths per minute
- Chest pain on breathing in or tightness in the chest
- New onset of confusion or becoming drowsy
- Change in oxygen saturation (SaO2):
 - Pre-COVID-19 SaO2 was greater than 94% or was unknown, then SaO2 trigger is less than 92%, or a drop of 3% or more from baseline
 - Pre-COVID-19 SaO2 was 94% or less, then SaO2 trigger is less than 88%, or a drop of 3% from baseline
 - Beware false reassurance from a stable SaO2. Clinical judgement is always most important.
- Unexplained heart rate greater than 100 beats per minute
- Other factors indicating need for management in hospital
- St John's ambulance is free to patients with Covid-19

Recommended questions:

1. How is your breathing today?
2. Are you so breathless that you are unable to speak more than a few words?"
3. Are you breathing harder or faster than usual when doing nothing at all?"
4. Are you so ill that you've stopped doing all of your usual daily activities?"

Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions such as

5. Is your breathing faster, slower, or the same as normal?"
6. What could you do yesterday that you can't do today?"
7. What makes you breathless now that didn't make you breathless yesterday?"
8. Do you have any new symptoms?

Interpret the breathlessness in the context of the wider history and physical signs. E.g. a new audible wheeze or a verbal report of colour change in the lips.

- If you are unable to contact a patient or whānau and are concerned about their health, please contact the hub
- There may be situations where the different members of one household are registered with different GPs from different practices. There is no one solution to this. It is recommended that practices communicate with both the patient(s) and the other practice(s) and come to a solution that works for everyone, but avoids doubling up of work.
- There is no evidence that attempts to measure a patient's respiratory rate over the phone would give an accurate reading and experts do not use such tests. It is possible, however, to measure the respiratory rate via a good video connection. More generally, video may allow a more detailed assessment and prevent the need for an in-person visit.

Discharging a Covid-19 patient from regular clinical follow-up

1. After at least 14 days have passed and risk of deterioration is very low (resolution of acute symptoms), discharge the patient from regular clinical follow-up. Continue following up other household members based on the time course of their illness.

- Explain recovery is gradual.
- Recommend that unvaccinated or partially vaccinated patients have COVID-19 vaccination 4 weeks after recovery or, asymptomatic patients have vaccination 4 weeks after the first confirmed positive COVID-19 test, unless contraindicated.
- The duration of protection from COVID-19 infection is unknown.
- It is uncommon to become re-infected with COVID-19 within 6 months of infection, and the risk is further reduced by vaccination.
- Ask the patient to have an in-person clinical review at 6 weeks after COVID-19 illness, irrespective of whether-or-not they have any residual symptoms (funded). Use this as an opportunity to engage the poorly engaged with the benefits of quality primary healthcare.

2. If the patient has ongoing symptoms, follow the Post-COVID-19 Conditions (Long COVID) HealthPathway.

3. Public Health or their authorised delegate will advise the patient regarding release from isolation.