Late influenza

2015 (November) – Day 1, Q2 (Compulsory)

Medical Leader	✓
Medical Expert	
Communicator	•
Advocate	
Scholar	
Professional	
Collaborator	•
Manager	•

It is early September. Following a relatively mild winter, all the hospitals in your health jurisdiction have managed the 'winter surge' reasonably well. Quite unexpectedly, the weather over the last two weeks has been extremely cold and there has been a rapid increase in the number of cases of influenza A. It appears to be a particularly virulent strain. Over the past week a high percentage of patients presenting to the Emergency Department have required admission for flu-related complications.

Over the next three days the situation worsens with over 30% of the hospital's clinical staff being absent due to the flu. You and your counterparts on the hospital Executive meet and realise that you currently have only sufficient staff (clinical and support) to safely keep open 185 (out of the full complement of 235) beds.

Questions:

1. **What are your priorities for managing this crisis?**
2. **What options will you consider?**
3. **How might this crisis influence your planning for next year?**

Guidance for Censors

Priorities:

- Patient safety and adequacy of care – all patients
- Staff safety – adequate staffing
- Must suspend other priorities such as targets until crisis managed
- Set up an incident management team, manage as emergency.

Options:

- Staffing issues will affect all areas, not just medical/respiratory/ED/ICU and not just clinical. Will include primary and community care provision
- Strict adherence to respiratory infection control, including hand hygiene for all staff
- Is the current strain covered by the current year's vaccine? If so identify those staff who are vaccinated, consider asking them to work in all critically affected areas (not just clinical).
- Consider offering vaccine to unvaccinated staff – good investment in improving uptake for future years to have them recognise the importance, but 2/52 lead time.
- Can you obtain additional staffing from elsewhere – another hospital, agency staff? Risks associated with this to be managed. If not seek assistance from other nearest hospitals, liaise with national or state Ministry or Dept of Health.
- Cohort respiratory patients to minimise staff requirements
- Consider decanting some patients to other hospitals- Risks associated with this to be managed, good communication with patients, families, GPs and receiving institution
- Postpone elective admissions, review non influenza patients for possible early discharge if safe
- Devise management protocols for primary care to manage those not so ill in the community
- Obtain advice about prophylaxis - consider prophylactic Rx for staff who are unaffected (amantadine, oseltamivir)
- Ensure staff not coming to work while unwell, rapid exclusion of those who become unwell at work (influenza typically abrupt onset)
- Review epidemiology of this strain in other areas to get some idea of levels of mortality and serious complications, also duration of the peak
- Check to see which sectors of the population are most affected – consider any possible extra strategies for them.
- Media coverage – stay home if symptomatic, hand and respiratory hygiene, GP before hospital for non crisis events.

Planning for next year:

- Review this year's staff influenza immunisation programme, ramp up for next year. Include a report on the impact of this year's event.
- Liaise with primary care regarding promotion of influenza immunisation in vulnerable communities
- Consider holding stock of prophylactic Rx, or having emergency access to it pre-arranged.
- Review staffing for winter, consider drawing up a respiratory emergency contingency plan in advance
- Review emergency

Assessment Rubric:

		Knowledge	Skills	Attitude/Behaviour
Poor	**1**	• Focus only on influenza pts • Doesn't recognise wide implications of situation • Limited strategies for meeting need • Does not recognise this requires an emergency response	• No identification of separate contributing factors • Inadequate or impractical strategies for management • Future planning limited to one or two aspects	• No recognition of need for leadership, responsibilities to other groups and agencies beyond hospital. • Does not demonstrate appreciation of implications of situation
Limited	**2**	• Identifies emergency response but cannot describe many key elements	• Limits discussion to hospital without considering impacted community	• Recognises need for leadership but cannot describe practicable strategies • Does not mention any political level implications
Marginal	**2.5**	• Considers safety of staff and pts, quality of care • Offers limited range of options for management, little improvement on prompting • Mentions improved vaccine uptake for staff for following year	• Considers use of wider community resources but omits key elements such as primary care	• Identifies a limited range of leadership activities, may focus on some details without giving a high level response
Meets standard	**3**	• Prioritises safety of staff and pts, quality of care. • Recognises emergency, activates plan • Offers >1 option for management • Strong focus on infection control and other secondary prevention strategies • Modifies staffing, bed use	• Demonstrates understanding of wide implications of situation, all staff and all community supports • Discusses liaison with many other agencies, providers • Workable plan for following year, may need prompting for an integrated plan involving primary prevention at community and primary care level	• Identifies need for leadership and own role in providing or ensuring it • Manages up as well as down • Thinking ahead both during episode and in considering planning for following year

Good	**4**	• Describes multiple options for management, aware of practical implications • Considers epidemiology, likely duration of outbreak, populations at highest risk • Liaises with public health service in public communication • Uses debrief in preparing/revising planning for next winter	• Clarity of thought and in presentation of response plan • Articulates risks clearly, describes strategies to minimise impact on targets, deadlines etc.	• Manages with local and wider political implications in mind • Considers roles of other providers, agencies, community
Outstanding	**5**	• Sees local situation in regional/national/international context • Considers wide range of management strategies, including novel ideas • Reviews emergency plan in its entirety, i.e. not limited to surge demand management • Engages internally and externally to seek widest possible input into improving plans for next year.	• Understands partnership with other providers, non-health institutions, and the community itself in minimising harm from influenza	• Describes value in analysis to learn from this incident • Gives acknowledgment to staff in all areas of service, and to external support sources • Considers MOU or similar with other services to establish relevant common management strategies and reciprocity of support in future events.