



## Late flu

2015 (November) – Day 2, Q2 Compulsory

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

It is early September. Following a relatively mild winter all of the hospitals in your 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 particularly virulent. Over the past week, the numbers of patients presenting to hospitals with severe flu symptoms have “skyrocketed”.

Yesterday, the Chief Health Officer from the Health Ministry / State Health Department visited your district / regional health office where you are the Medical Administrator. She meets you and your CEO and asks if you would be able to assist with a developing crisis. A rural health district in your jurisdiction is in strife and is currently the district worst hit by the Influenza outbreak. The district has a significant local indigenous population and the major hospital (235 beds) is struggling to manage the inpatient load. To make matters worse, the hospital’s own medical administrator is herself a victim of ‘the flu’ and is in the hospital’s Intensive Care Unit.

The Chief Health Officer specifically requests that you go and relieve at the hospital as the Acting Medical Administrator for at least the next two weeks. You agree to assist as you know the ill medical administrator personally and you have your CEO’s permission.

The hospital in strife usually has a high patient occupancy and long lengths of stay at the best of times. It regularly features on the front page of the local newspaper as it is perceived to be seriously ‘under-resourced’. Fortunately, the town has an excellent Public Health physician who is working with the district to manage the Influenza outbreak.

It is now the following day, and you’re on an early morning regional flight to the hard-hit hospital.

**Whilst on the plane, you are formulating your plan of action. Please describe the details of this plan to assist the hospital through the outbreak?**

Three days after your arrival, the situation worsens with large numbers of children from local indigenous communities presenting to the hospital. Many are very sick and in need of high dependency care. You need at least another 15 paediatric beds (the hospital has a 24-bed paediatric ward which includes two high dependency beds).

**Describe how you would modify your original plan to cope with this emergent event on day 3?**

## Guidance for Censors

### Initial plan

- Who is leading response since illness of DMS? Meet that person on arrival.
- Verify figures yourself – suspicious of term “skyrocketing”) -early liaison with public health physician
- Is diagnosis of influenza A confirmed in this community? )
- Review resourcing, particularly staffing, of this hospital - why does the community/local paper perceive it to be understaffed?
- What are the reasons for the unusually long LOS?
- Consider health and social status of communities served - does the existing staffing *and primary care provision* match the known health status of communities served? Must specifically mention higher need from indigenous communities.
- Is current management of presenting patients appropriate?
- Is primary care meeting early care needs of influenza patients? Early liaison with primary care providers.
- Why are they needing admission – comorbidities vs complications of influenza?
- Has emergency plan been activated? If so what measures have already been put in place?
- What other care resources are available in the communities – is early discharge for some patients feasible, are there other public or private hospitals, where is usual referral hospital? Must contact them, alert them for possible need for help.
- What is level of infection control awareness, compliance? Hand hygiene campaigns?
- Are staff leaving work as soon as symptoms begin?
- Meet relevant staff and community leaders, providers, introduce self and seek their advice
- Ensure DMS colleague receiving appropriate care – let her know you are there if she is well enough
- What is known about level of immunisation in community and in hospital staff – check with PHP to obtain an estimation of likely duration of outbreak. If >2/52, worth initiating emergency immunisation if strain vaccine preventable.
- Is prophylaxis (amantadine, oseltamivir etc) an option – respiratory or ID physician advice needed.
- Known high proportion of indigenous people in catchment of hospital – make contact with relevant community contacts/leaders to introduce self and ask their advice

### After escalation:

Are the indigenous children experiencing worse influenza or are co-morbidities leading to severe illness? Is primary care for these communities available early and adequate?

What are the communities’ understandings of influenza, its complications and the value of immunisation?

## Assessment Rubric:

	Knowledge	Skills	Attitude/Behaviour
<b>Poor</b> <b>1</b>	<ul style="list-style-type: none"> <li>Has no clear strategy for fact finding</li> <li>Does not mention emergency plan activation</li> <li>Does not identify possible clinical management problems before current outbreak</li> </ul>	<ul style="list-style-type: none"> <li>Attempts to take charge immediately on arrival</li> <li>Does not acknowledge staff leading response after DMS away</li> </ul>	<ul style="list-style-type: none"> <li>Seems unaware of implications of external 'expert' taking over</li> <li>Does not mention significance of high morbidity in indigenous children</li> </ul>
<b>Limited</b> <b>2</b>	<ul style="list-style-type: none"> <li>Makes some reference to fact finding before taking action</li> <li>Refers to use of emergency plan without consideration of strategies already in place</li> <li>No strategy to investigate contribution of this to current overload</li> <li>Considers issues in isolation of each other</li> <li>Mentions importance of immunisation but no strategy to investigate and act on it</li> </ul>	<ul style="list-style-type: none"> <li>Identifies isolated actions but cannot integrate them into a wider strategy</li> <li>Recognises that different and more extensive interventions may be needed to support indigenous communities but cannot describe how to build relationships with them in this rapidly evolving situation</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledges status as outsider but does not describe any actions to begin relationship building with locals</li> <li>Expects to take over leadership from outset</li> </ul>
<b>Marginal</b> <b>2.5</b>	<ul style="list-style-type: none"> <li>Identifies safety of staff and patients, and maintaining/improving quality of care as priorities</li> <li>Describes various aspects of response to both parts of question but plan overall is less than ideal. Can improve it with prompting.</li> </ul>	<ul style="list-style-type: none"> <li>Mentions importance of primary care, immunisation etc, may be less forthcoming about building links with other key community agencies and groups. Can improve response with prompts</li> </ul>	<ul style="list-style-type: none"> <li>Has limited concept of how to establish leadership standing in emergency situation in unfamiliar setting, can improve response with prompting</li> </ul>
<b>Meets standard</b> <b>3</b>	<ul style="list-style-type: none"> <li>Initial fact finding before taking any action</li> <li>Reviews existing plans</li> <li>Ensures being managed</li> </ul>	<ul style="list-style-type: none"> <li>Recognises need to work closely with whoever has taken leadership role since DMS ill</li> </ul>	<ul style="list-style-type: none"> <li>Gives priority to introducing self and role</li> <li>Makes early contact with key informants in</li> </ul>



	<ul style="list-style-type: none"> <li>as emergency</li> <li>Reviews existing back up/decanting/diversion plans, gets strategies in place before reviewing contribution of long standing poor performance</li> <li>Seeks advice from others, locally and throughout</li> </ul>	<ul style="list-style-type: none"> <li>Supports primary care, seeks active involvement of local PH physician</li> <li>Able to describe respectful relationship building with indigenous peoples as key to community management of childhood illness</li> </ul>	<p>all sectors, seeks their advice</p> <ul style="list-style-type: none"> <li>Measured approach to implementation of different strategies</li> <li>Acknowledges impact of epidemic throughout community, including staff and their families</li> <li>Supports ill colleague in ICU if possible</li> </ul>
<b>Good 4</b>	<ul style="list-style-type: none"> <li>Describes a practicable, achievable short term plan and elements of a longer term strategy both for improving hospital's quality indicators and public standing</li> <li>Identifies a debrief as an important part of handover and learning from experience</li> <li>Mentions use of local media, institutions such as schools, libraries to support better prevention, community awareness,</li> <li>May refer specifically to immunisation strategy for healthcare workers and communities.</li> </ul>	<ul style="list-style-type: none"> <li>Uses Ministerial request to assist as lever to seek additional funds and or staff if hospital genuinely is understaffed and under resourced.</li> <li>Ensures indigenous communities receive additional support in relation to information sharing, access to primary care, health literacy around respiratory illness</li> </ul>	<ul style="list-style-type: none"> <li>Candidate refers to issues surrounding the external person coming in to provide leadership in an evolving emergency, and need to hand back control to local staff or another FIFO when he/she leaves</li> <li>Acknowledges sensitivities of highlighting longer term improvements needed but seeks to do so tactfully</li> </ul>
<b>Outstanding 5</b>	<ul style="list-style-type: none"> <li>Provides a workable plan which covers short and intermediate term plans and the outline of a long term plan for the various elements contained within the question</li> <li>Recognises and summarises limitations and opportunities inherent in this situation of an outsider coming in to deal with an emergency,</li> </ul>	<ul style="list-style-type: none"> <li>Identifies improvements identified in this secondment that may be applicable in own workplace</li> <li>May describe the personal learning he/she obtains from working with an unfamiliar community, and in particular, with unfamiliar indigenous communities</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates confidence and competence in offering advice and leadership to affected hospital and community in an acceptable way</li> <li>Is able to articulate the impacts of inequity on indigenous communities, and the additional costs to health care as well as to the peoples concerned</li> </ul>



	particularly where there are long standing underlying issues		
--	--	--	--