Patient Separation Procedures - Practice Self-Assessment

It will never be acceptable to sit in a clinical waiting room next to other people who are coughing and sneezing. It will never be acceptable to have a staff member sneezed on whilst they are doing a diabetes foot check.

Our clinics need systems to identify potentially infectious people, and to provide them care in a manner that is safe for patients and for staff.

One option for achieving this is to create "green" and "red" zones within your practice to separate out patients with respiratory infection symptoms.

With the rapid move to Level 4, all practices have successfully implemented some short-term processes to limit exposure to infections.

The purpose of this practice self-assessment is to work out how robust those systems are and whether they can become business as usual.

In the short term this exercise will help to identify which areas may need the support of alternative pathways for care in the event of an outbreak.

Can you please complete the Patient Separation Procedures - Practice Self-Assessment below by COB on 01/05/2020.

We need to know - what systems your practice has in place to separate the "red" from the "green" and whether this can become business as usual.

Any questions, contact Dr Jo Scott-Jones at drjo@pinnacle.health.nz

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Practice Details

Practice Locality (Please circle the applicable locality)

Waikato Taranaki Tairawhiti Lakes

Practice Name

Respondent Name

Area for Review: Patient Triage
To identify potential infectious patients

Suggested Processes:
"Virtual first" - every patient has a timely conversation with a clinician before arriving at the clinic
Prominent signage - every patient is able to see appropriate signage.
Answerphone message - directs patients to alert staff if potentially infectious.
Patient Portal Pop up prompt - to educate patients about advising staff if potentially infectious.
On site triage - every patient is questioned about potential infection before coming into casual or close contact with others (e.g. at the door of the building)

What is your current system for Patient Triage?

Can this become new normal practice for you? If not, what can you set up?

What are the challenges/opportunities from making this change?

Area for Review: Separation of 'Well' and 'Unwell' patients
To keep potential infectious patients out of contact with other patients

Suggested Processes:
Virtual care services are provided as the preferred first contact for ALL patients (infectious and non-infectious)
Potential infectious patients are physically streamed away from others e.g. different entrances, seen in a different space - car park/isolation room/seen at a different time of day
Potential infectious patients are seen in the practice at a separate time of day e.g. afternoon
Waiting room seats are 2 meters apart or 'car park' waiting
Soft furnishings are minimised with no magazines or toys
Communal areas are cleaned regularly (between shifts/start of each session)

What is your current system for separation of 'Well' and 'Unwell' patients?

Can this become new normal practice for you? If not, what can you set up?

What are the challenges/opportunities from making this change?

Area for Review: Potential Infectious Patient Group Management

Protect potential infectious patients from each other

Suggested Processes:

PPE is provided to all potential respiratory infectious patients on arrival (i.e. surgical mask)
Patients are physically distanced from each other e.g. wait in car park

What is your current system for potential infectious patient group management?

Can this become new normal practice for you? If not, what can you set up?

What are the challenges/opportunities from making this change?

Area for Review: Staff Protection

Protect and minimize staff exposure to infections

(We assume sufficient PPE will be available for clinicians as per guidelines)

Suggested Processes:
Is cohorting of staff into teams working at different times, in different locations etc. going to be possible if needed?
Are you able to divert vulnerable staff to back room or other duties?

What is your current system for Staff Protection?

Can this become new normal practice for you? If not, what can you set up?

What are the challenges/opportunities from making this change?

Area for Review: Contact Tracing

Identification and management of patients and/or staff when they have been put at risk

Suggested Processes:
System for contact tracing of potential contacts (e.g. physical list of people in waiting room/clear timestamped CTV footage)
Staff lists of each shift

What is your current system for Contact Tracing?

Can this become new normal practice for you? If not, what can you set up?

What are the challenges/opportunities from making this change?
