

11. Community-based Influenza Assessment, Treatment and Referral Centres

But influenza is not simply a bad cold. It is a quite specific disease, with a distinct set of symptoms and epidemiological behaviour. In humans, the virus directly attacks only the respiratory system, and it becomes increasingly dangerous as it penetrates deeper into the lungs. Indirectly, it affects many parts of the body, and even a mild infection can cause pain in muscle joints, intense headaches, and prostration. It may also lead to far more grave complications.

The Great Influenza, J.M. Barry

During an influenza pandemic, people in Ontario who develop influenza symptoms must know where to go for assessment and care but – depending on the severity of the pandemic -- the way they access health services now (e.g., primary care providers, hospital emergency departments) may not be appropriate. In the event of a pandemic, the health system must be able to make the best possible use of its resources. To ensure that hospitals are able to focus on treating people who are critically ill with influenza or have other life-threatening illnesses or injuries, and that primary care providers are able to continue to provide a range of health services, the health system will establish community-based Influenza Assessment, Treatment and Referral Centres.

In developing the strategy for community-based Influenza Assessment, Treatment and Referral Centres (Flu Centres), Ontario has taken a patient-centred approach.

11.1 Objectives

- To meet the population's need for influenza assessment, treatment and referral services.
- To provide a timely way to assess people with symptoms of influenza-like illness, and identify those who need hospital care.

- To provide coordinated, efficient, streamlined influenza-related services across a limited number of sites in order to limit patient movement and reduce the risk of infecting others.
- To allow the rest of the health care system to use resources effectively and to provide the right care in the right place at the right time for people with influenza and other health needs.
- To instil public confidence in the influenza services available to them.

11.2 Planning Assumptions

In addition to the assumptions identified in chapter 3, the proposed approach to community-based influenza assessment, treatment and referral centres is based on the following:

- The public will need support and information to understand how to access the health care system.
- No single group or organization will be able to absorb the projected number of people who will develop signs or symptoms of influenza-like illness.
- Health care workers will need to focus on those aspects of assessment and treatment of ill individuals that require their expertise (see Chapter 8:

Optimizing Deployment of the Health Workforce).

- Volunteers will play an important part in supporting people with influenza symptoms in the community.
- Community-based assessment, treatment referral centres must be linked to other parts of the health care system to ensure continuity of care and to contribute to surveillance programs that will inform influenza prevention and control strategies.

11.3 Assessment

The signs and symptoms of pandemic influenza will likely be non-specific and similar to other influenza-like illnesses. This will make it challenging for both the public and health care providers to differentiate pandemic influenza from other illnesses.

Self-Assessment

To assist with assessment, Ontario will develop a self-assessment screening tool for the public (based on the epidemiology of the pandemic virus), which will be posted on the MOHLTC web site and widely publicized. Individuals will use the results of the self-assessment to determine whether they can manage their symptoms at home (self-care) or whether they require further assessment or advice.

Remote Assessment

When seeking further assessment or advice, the public will be encouraged to use Telehealth and internet services. The Scientific Response Team will develop a screening algorithm that can be used by health care providers in Telehealth call centres. Based on the results of this remote assessment, health care providers will either advise individuals to look after themselves at home or – if they need face-to-face assessment and/or treatment -- to go to a Flu Centre or – depending on the severity of

their symptoms – to go to the nearest hospital emergency department.

Face-to-Face Assessment

Most people who require further assessment or treatment will be directed to a Flu Centre, where they will receive a face-to-face assessment based on the same screening algorithm used by Telehealth.

Although the public will be encouraged to use remote assessment and then the Flu Centre, some people will still access the health care system in traditional ways (i.e., family physician, emergency department). Others already receiving hospital, long-term care or home care services will also require assessment for influenza. To ensure a consistent approach to assessment, practitioners in all settings will use the same screening algorithm to determine the type of treatment/care individuals require.

Figure 11.1 illustrates how patients will access the health care system during an influenza pandemic.

11.4 Developing Influenza Assessment, Treatment and Referral Centres

Flu Centres will be temporary additions to the health care delivery system, and will be planned and managed locally.

Advisory Committee

Each community is encouraged to establish an Influenza Assessment, Treatment and Referral Centre Advisory Committee to oversee the development their centre/s. Membership should include: community-based health care providers, hospitals, public health, municipal emergency management services, municipal public works, policing services, and the volunteer sector.

Lead Agencies

The Advisory Committee will support the

lead agency responsible for developing and managing each Flu Centre.

Access to Assessment and Treatment

To encourage the public to use the Flu Centres, the centres will not require people to have a Health Card for assessment and treatment. These services will be available at no cost to the patients. The Flu Centres will

use unique identifiers to track patients.

Referrals

Once assessed, individuals will be assigned to one of the following four categories (see Table 11.1). Figure 11.2 illustrates the role of community-based assessment and treatment during an influenza pandemic.

Figure 11.1: Patient Flow during an Influenza Pandemic

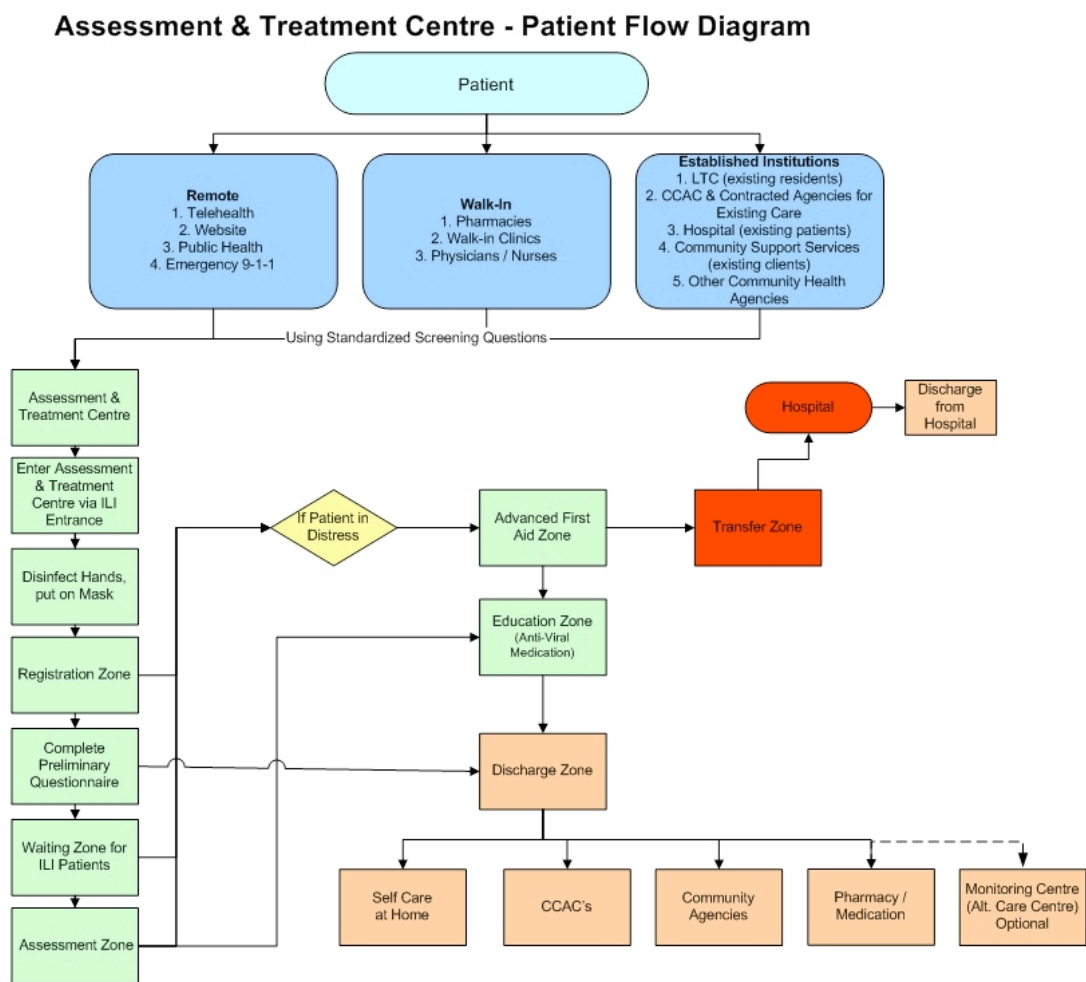


Table 11.1: Influenza Assessment Categories

Assessment Category	Referral
1. No influenza-like illness identified	No treatment required; offer educational material on influenza.
2. Further assessment required to make a diagnosis	Refer for diagnostic work-up including radiological examinations and/or laboratory testing (see Chapter 14 for laboratory tests available by phase, recommended tests; obtaining proper specimens); may be provided at the Flu Centre or may have to be transferred to another site (depending on the Advisory Committee's assessment of the most effective use of scarce resources in these circumstances).
3. Influenza-like illness identified	Initiate treatment at the Flu Centre; assess for appropriate discharge/referral (i.e., to self-care at home, to home with community supports, to an alternate care site that can provide 24 hour care); follow up with vulnerable patients in 24 to 48 hours to assess status.
4. Influenza-like illness identified, condition deteriorating	Transfer to hospital.

Treatment at the Flu Centres

Treatment available at the Flu Centres will include the following:

- supportive care strategies to ease symptoms
- access to antivirals and associated therapeutics in accordance with clinical guidelines as provided at the time of the pandemic
- education about possible complications.

Documentation

To streamline the assessment and treatment process, all settings will use the Primary Assessment Record (see Chapter 11A: Influenza Assessment, Treatment and Referral Centre Tools) for the initial assessment and treatment. The Primary Assessment Record will accompany the patient through the Flu Centre and to other treatment sites if required.

For patients who have to be admitted to hospital, the hospitals will use the Primary Assessment Record (see Chapter 11A:

Influenza Assessment, Treatment and Referral Centre Tools) as well as the Secondary Assessment for Hospital and the Influenza Admission form (see Chapter 17: Acute Care Services). These forms can be downloaded from the Ministry of Health and Long-Term Care website. Available at: www.health.gov.on.ca/pandemic.

Surveillance and Epidemiology

The Flu Centres will be an important source of information on the epidemiology of the virus. Each centre will complete the Pandemic Data Collection Form in chapter 12A: Surveillance Tools.

Staffing

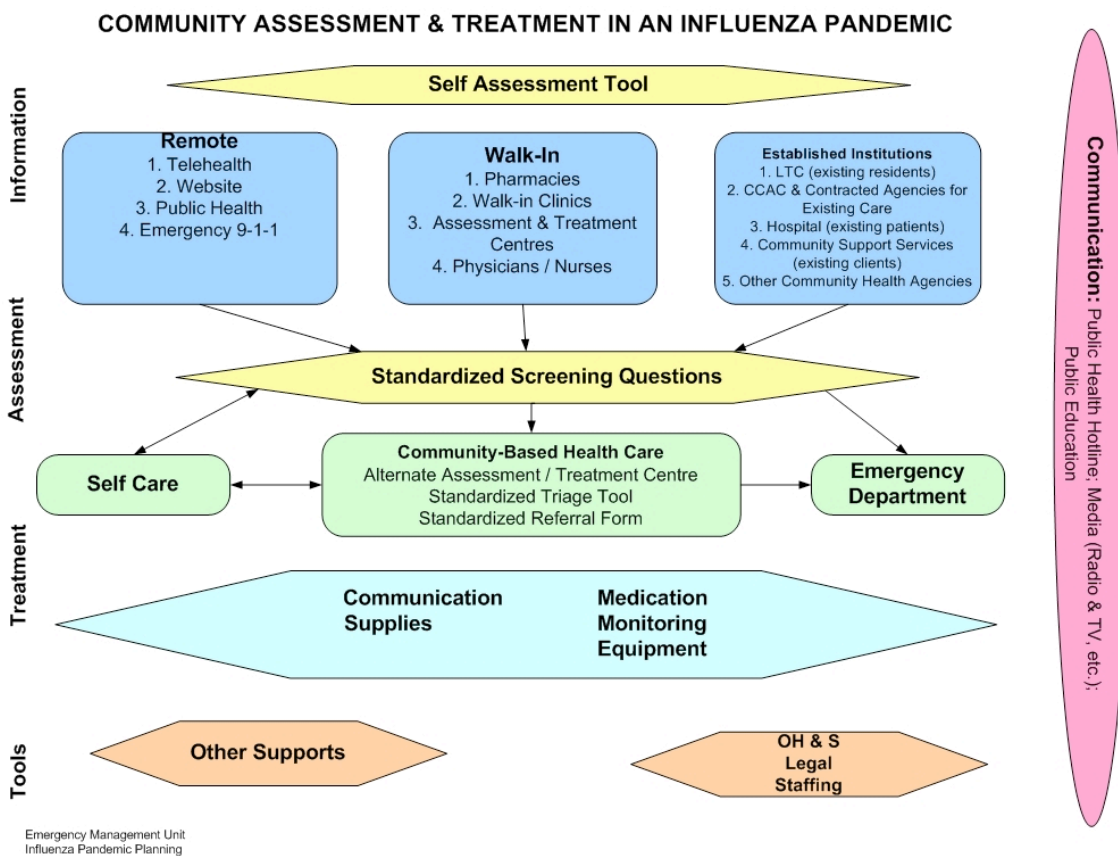
Staffing Flu Centres will be a challenge. The Advisory Committee will have to develop staffing strategies based on assumptions about current services including: the curtailing of some services during a pandemic which will free up staff, the willingness of staff of some community organizations to work in the Flu Centres, the liberal use of volunteers, and the tailoring of health care delivery to meet the demand in

an influenza pandemic (see Chapter 8: Optimizing Deployment of the Health Workforce).

To help communities develop Flu Centres, the MOHLTC is providing a number of tools which can be used as a guide and modified to meet local communities' needs, including:

- Guidelines for Establishing Influenza Assessment, Treatment and Referral Centres
- a Flu Centre zone matrix
- the suggested number of Flu Centres to be established per public health unit
- a Primary Assessment Record.

Figure 11.2: The Role of Community-Based Influenza Assessment, Treatment and Referral Centres



11.5 Next Steps

Over the next few months, the ministry will continue to work with local communities to refine plans for Flu Centres, and to address legal issues, such as insurance – including malpractice insurance, personal liability, licensing and scope of practice issues, the use of medical directives and temporary

licenses, and financial compensation for people who work in the Flu Centres. In addition, supplies and equipment lists will be developed that can be modified to reflect the size of the centre. For those communities that have not been able to identify a lead agency, the MOHLTC will designate one.