

Medical Provider Communication During the H1N1 Pandemic

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In Emergencies

Good Communication is Key

- ❑ Most important element of managing an emergency.
- ❑ Most challenging part of emergency management.
- ❑ Usually identified as the area needing most improvement in After Action Reports following exercises and emergencies.



H1N1 Response:

Multiple Messengers and Messages

- Many Sources of Guidance for Doctors:
 - Centers for Disease Control and Prevention
 - California Department of Public Health
 - Hospital Association
 - Physician Specialty Groups
 - Cal-OSHA
 - etc.....



Local Public Health Department Role

- ❑ Assistance with sorting out the varying and changing messages.
- ❑ Help interpret/clarify guidance.
- ❑ Help in applying guidance to *reality* of the hospital or clinic practice or the school/work setting.
- ❑ Setting local recommendations.
- ❑ Advising about local situations (eg: lab testing, PPE stockpiles, antiviral stockpiles).



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Novel Influenza Virus Identified

- Fax Broadcast system was being worked on.
- Physician fax list was out of date.
- Collaboration with San Joaquin Medical Society:
 - Shared their updated fax list for both member and non-member physicians.
 - Assisted in sending out faxes for us while our system was being fixed.



Challenges with information distribution

- Multiple faxes going to the same fax number in larger medical groups (eg: Kaiser, community clinics, hospital based doctors).
- Faxing is slow if:
 - Only a few phone lines dedicated to the blast fax.
 - Fax is several pages long.
- Hard to keep fax lists up to date.

Challenges with information distribution (cont.)

- Feedback from doctors:
 - Long detailed documents were not read.
 - Keep it brief: 2 pages max, page ideal.
 - Do not use small fonts.
- Most doctors did not want emails.
- Hard to reach every doctor.



Some Solutions

- ❑ Arranged 2-3 contacts in the larger practices, to receive advisories by email, who then distributed them to their providers.
- ❑ Hospital Infection Control Nurses and Emergency Preparedness Coordinators who helped distribute in their facility.
- ❑ Emergency Departments, Urgent/Immediate care clinics.



Other Contacts for Advisories

- ❑ Planned Parenthood Clinics
- ❑ School Based Health Centers
- ❑ School Nursing Coordinators
- ❑ Long-term Care Facilities
- ❑ Pharmacists
- ❑ Veterinarians

Other Methods of Communication

- Weekly newsletter/surveillance report
<http://www.sjcphs.org/Disease/Epidemiology.htm>.
- All medical provider conference calls.
- Phone consultation number at Health Dept. for medical providers separate from public information line.
- Use of local Medical Society Board to advise LHD on communications and course of action in response (eg: vaccine distribution).



Other Methods of Communication (cont.)

- ❑ Presentations at hospital Grand Rounds or noontime CME.
- ❑ Attend Medical Staff meetings.
- ❑ Flu Vaccine Provider Summit.
- ❑ H1N1 website with specific Medical Provider sections.
- ❑ Calif. Health Alert Network (CAHAN) Alerts.