

## Winter Strategy Checklist

### 1. Identify vulnerable patients

Identify your patients who are most vulnerable during the winter period. These are the patients most likely to present at hospital, with chronic conditions, or have additional complications due to the flu.

You may consider using the PenCAT tool to help identify your vulnerable patients within the practice. Try using these step by step searches in CAT4:

- [Identify patients at risk for influenza with predisposing conditions](#)
- [Identify all patients with no current diagnosis of diabetes who are at risk for developing diabetes based on their measures and lifestyle](#)
- [Identify patients with a chronic disease eligible for a GPMP and/or Team Care Arrangement](#)
- [Identify patients with at least one or more of the following conditions: diabetes, respiratory, cardiovascular, musculoskeletal, renal impairment and mental health](#)

For a full list of step by step guides, please click the link [here](#) to be taken to the PENCS website. Adelaide PHN can also provide you with one on one training in PenCAT at your practice.

### 2. Recall and reminder

RACGP standards for general practice view an effective recall and reminder system as essential to providing safe, quality care to patients and ensures your health service meets its clinical and legal obligations to patients.

Please select your clinical software below for more information on how to use recalls and reminders.

- [MedicalDirector](#)
- [Best Practice](#)
- [Zedmed](#)

### 3. Consider immunisation for all patients

Influenza (flu) vaccination is recommended every year for any person 6 months of age and over who would like to reduce the likelihood of becoming ill with the flu. Pneumococcal vaccination is recommended for targeted, at risk groups.

Refer to the below guidelines, information and tools to help you decide what is most appropriate and available for your patients.

Influenza vaccine guidelines:

- [SA Health Annual Influenza Program recommendations](#)
- [SA State Funded Childhood Influenza Program](#)
- [National Immunisation Program - Annual Funded Influenza Program](#)
- The Australian [Immunisation Handbook: Influenza guidelines](#)

Pneumococcal vaccine guidelines

- [SA Health Pneumococcal vaccine information](#) (this details who is eligible for free vaccine)
- [National Immunisation Program - South Australian Schedule](#)
- [Pneumosmart Vaccination Tool](#)
- The Australian [Immunisation Handbook: Pneumococcal guidelines](#)

#### 4. Refer to HealthPathways

HealthPathways is a free, online portal that provides GPs and other health professionals with easy access to comprehensive, evidence-based assessment, management and localised referral resources around a range of conditions and symptoms.

Strengthen your winter wellness plan so you can make the right decisions, together with your patients, at the point of care. Asthma, COPD and immunisation pathways are currently available. The portal is an evolving resource, new pathways are continually being developed.

Log in to HealthPathways South Australia to:

- access pathways that have been written for use during consultation
- easily find information about making requests to services in your local area
- download patient resources, clinical guidelines, action plans and templates

Visit [southaustralia.healthpathwayscommunity.org](https://southaustralia.healthpathwayscommunity.org) for more information.

## 5. Update GP Management Plans

Ensure any relevant GP Management Plans are updated and Team Care Arrangements are in place. The Chronic Disease Management (CDM) Medicare items are for GPs to manage the health care of people within chronic or terminal medical conditions and can help by providing an organised approach to care. Below are some general GPMP and TCA templates, in both PDF and RTF. RTF can be directly imported into your clinical software.

### Commonwealth GPMP template

[CDM GPMP Form MBS Item 721](#) PDF

[CDM GPMP Form MBS Item 721](#) RTF

[CDM GPMP \(721\) and TCA \(723\)](#) PDF

[CDM GPMP \(721\) and TAC \(723\)](#) RTF

### Commonwealth TCA template

[CDM Team Care Arrangements MBS Item 723](#) PDF

[CDM Team Care Arrangements MBS Item 723](#) RTF

### Action plan templates

[COPD Action Plan](#)

[COPD Action Plan for Indigenous patients](#)

[Asthma Action Plan](#)

[Heart Attack Action Plan](#)

[Heart Failure Action Plan](#)

[Diabetes Type 1 Action Plan](#)

[Diabetes Type 2 Action Plan](#)

[General Action Plan](#)

## 6. Update My Health Record

Ensure an updated Shared Health Summary is uploaded to your patients My Health Record to enable other clinicians to be able to access relevant information for your patient when needed. For more information on how to create and upload a Shared Health Summary from your clinic, please see the link [here](#)

## 7. Educate your patients and practice staff

Some simple things help prevent infection transmission. There are a variety of resources available for you and your practice. For more information, please visit

[www.sahealth.sa.gov.au/winterwellness](http://www.sahealth.sa.gov.au/winterwellness)

## 8. Need help?

If you want additional information or support, please contact Adelaide PHN on 8219 5900 or visit

[www.adelaidephn.com.au](http://www.adelaidephn.com.au)