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Establishment of an Ebola Treatment Centre (ETC) in Sierra Leone on Behalf of the Australian Government: A Description of Activities, Clinical Outcomes and Synthesis of Lessons Learnt

Dr John Shephard

Presenter: Dr Nicole Gilroy

Abstract:

Introduction: The recent West African outbreak of Ebola Virus Disease (EVD) had its origins in the forested province of Guéckédou in Guinea in December 2013. Due to human movement, EVD spread rapidly to the neighbouring countries of Sierra Leone, Liberia and Mali in the first half of 2014. Existing health services, recovering from long periods of conflict and under-resourcing, struggled to adequately contain the outbreak in these countries. In Sierra Leone an exponential increase in cases overwhelmed care services in the Eastern Districts of Kenema and Kailahun in May-June 2014 and by September 2014 had taken root in Western Rural and Urban Districts including the capital city, Freetown.

Methods: As part of Australia's contribution to the International EVD response, the Prime Minister announced on 6 November that ASPEN Medical would be engaged to manage the 100 bed ETC located at Hastings Airfield, in the Western Rural District of SL. The Hastings Airfield ETC was commissioned on 14 December 2014. Within the first month of operation, 62 confirmed EVD patients were managed by a team of clinicians and sanitation workers drawn for Australia, New Zealand and SL.

Results: We report on a broad range of operational activities associated with the running of an ETC in the setting of SL, West Africa, including the

training, clinical management, health promotion and infection control measures. Clinical features, epidemiology, psycho-social care and outcomes of the EVD confirmed cases will be discussed.

Conclusion: The Australian Government's ETCs at Hastings Airfield has safely and successfully contributed to EVD outbreak control in SL and commenced the long road to recovery for SL and the region. Analysis of activities reveals a number of lessons applicable to future infectious outbreaks.

Biography:

Dr John Shephard is the Group Medical Director at Aspen Medical where he holds overall responsibility for Clinical Governance activities across Aspen's international activities, including the delivery of all on-base primary health services across Australia's 52 Defence bases. He is a graduate of the University of Newcastle, Australia, a Fellow of the Royal Australian College of GPs and holds post graduate degrees in Tropical Medicine and Public Health. His clinical experience spans more than 25 years predominantly in Primary and Emergency Care settings. He has worked extensively in marginalised settings including with refugees, first Australians, homeless, veterans and the elderly and has conducted population health research in the areas of health promotion, workforce innovation and e-health. He is passionate about continuous improvement, quality and value-based healthcare delivered by multi-disciplinary teams.

Dr Nicky Gilroy is a Sydney-based Infectious Diseases (ID) Specialist with professional interests in infection prevention and control, the epidemiology of hospital-acquired infections, the control of vaccine preventable diseases and the management of complex infections in those with impaired immunity.

Dr Gilroy has postgraduate qualifications in epidemiology and public health. She has deployed with humanitarian missions to Burundi (1994), the Russian Caucasus (1996) and Sri Lanka in the wake of the Boxing Day Tsunami (2004). In 2014 she joined a team of Australian and New Zealand doctors, nurses and environmental health officers to work at the 100-bed Aspen Medical managed Hastings Airfield Ebola Treatment Centre (HAETC) in the Western Rural District of Sierra Leone. More recently she has returned to Sierra Leone with Aspen Medical to work in the Kerry Town Ebola Treatment Unit (KTTU), a facility established to provide a medical capability for managing high-risk occupational exposures and Ebola Virus Disease (EVD) involving healthcare workers.

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Evolution of a Healthcare Complaint and Clinical Incident Management System for Garrison Health

Ms Madeline Makeham & Ms Margaret Gorman

**Presenters: Ms Madeline Makeham,
Ms Margaret Gorman**

Abstract:

Garrison Health Operations (GHO) has evolved a healthcare complaints and clinical incident (HCCI) management system as a vital component of the GHO Clinical Governance framework.

The system has been designed and adapted as GHO has matured as a health service delivery organisation.

The HCCI system provides GHO with the ability to measure, identify and address the issues and trends related to HCCI in Garrison health facilities as per Chapter 1, Volume 25 Clinical Governance Framework that was published in 2011. The HCCI process aligns with the overarching CJHLTH strategic clinical governance plan.

HCCI identified and reported at all levels of the organisation and often from other jurisdictions are managed in a systematic, responsive manner to address reported HCCI. The system aims to analyse, manage and manage issues identified with health service delivery of both on base and off base service providers. Trends identified through this process subsequently inform GHO quality improvement initiatives.

The core components of the GHO HCCI management system interface across the organisation to work in synergy with each other. The core components are:

GHO policy and processes that have been developed to provide guidance and promote consistent standards and practice across GHO when managing HCCI.

Contemporary Defence health policy developed in consultation with key stakeholders across Defence health services. Policy was developed in line with Defence and Civilian best practice standards. This activity was led by GHO staff.

A database known as the Performance Outcome Management System (POMS) that was conceived, designed, developed and implemented across GHO to record and track the management actions and progress of reported HCCI.

Establishment of agreed reporting data sets of HCCI information to different forums. The data reported is analysed and tailored to meet the needs of healthcare providers, consumers, executive management and government.

Mechanisms to review adverse outcomes from health service delivery provided by external providers.

Quality Improvement activities initiated and completed secondary to HCCI.

Biography:

Ms Madeline Makeham is a Registered Nurse who has worked in the Clinical Governance Cell for Garrison Health Operations over the last four years.

Madeline has an interest in the working to overcome the challenges of providing positive patient outcomes in a contemporary healthcare system. Madeline led and coordinated the input from key stakeholders to achieve the development of Defence wide Policy on Healthcare Complaints and Clinical Incident management.

Ms Margaret Gorman is a Registered Nurse who has worked as a Clinical Risk Manager with Garrison Health Operations for the last five years. Margaret has been instrumental in the development of the database that GHO use to record healthcare Complaints and Clinical Incidents.

Margaret has a keen interest in Health Informatics and has been central to the development of effective reporting of Garrison health service delivery outcomes.

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