COMMUNICATIONS WITH HEALTH CARE PROVIDERS DURING PH EMERGENCIES

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Section

Content

Lessons learned: 2009 H1N1 pandemic

Post-SARS Canadian public health response successful but the health care system was strained. Pandemic H1N1 2009 feedback highlighted the need for improved communication with health professionals, particularly primary care clinicians.

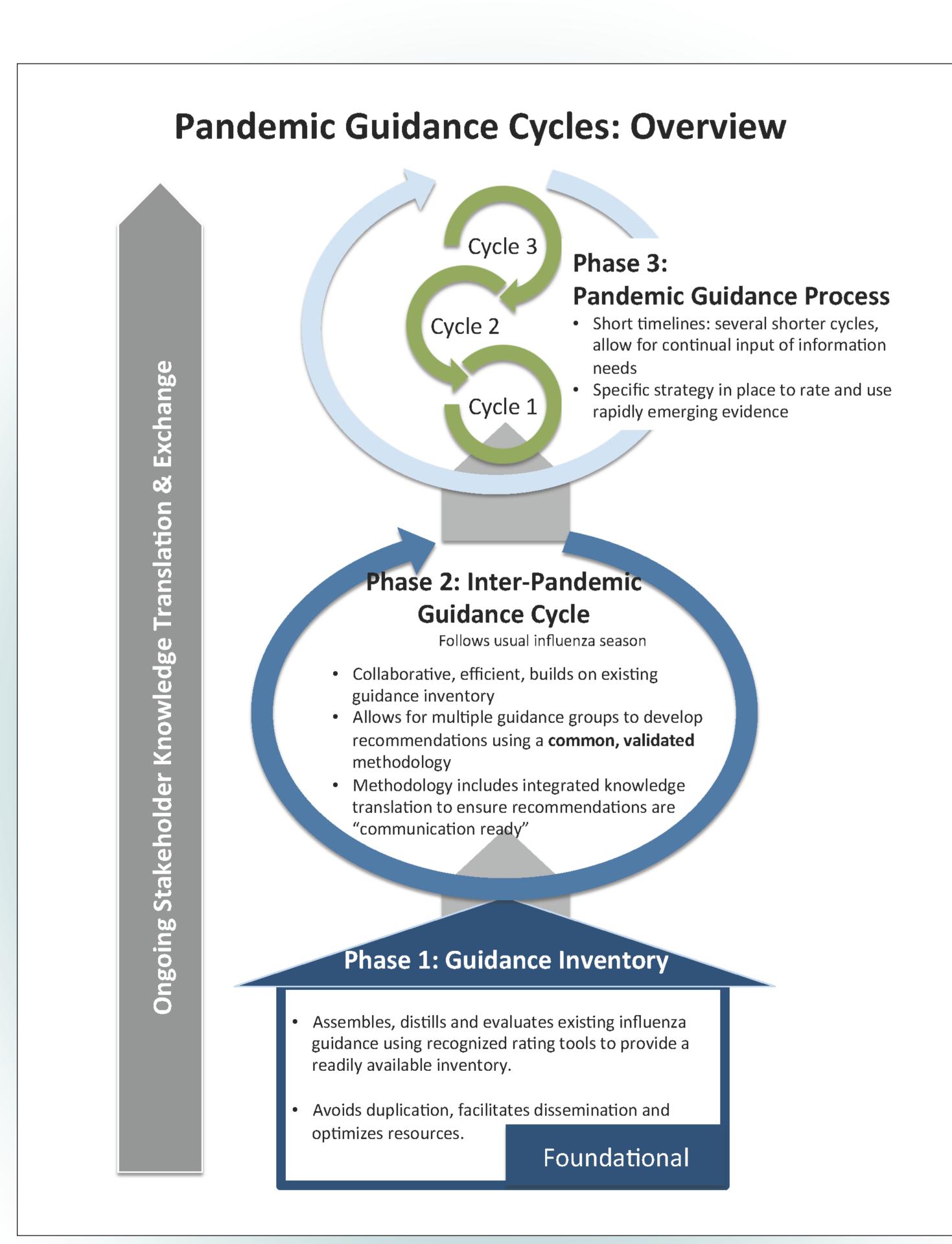
Research goal

Propose a clinical care guidance development and dissemination process that is responsive to the conditions of an influenza pandemic in Canada.

Methods

A review of the Canadian literature, key informant interviews, surveys of health care providers and member-based organizations.

Section II



Section III

Content: Lavis' Questions

Title: Needs-based assessment of clinician preferences for guidance and dissemination. Lavis et al.

Define communications challenges with these questions	Health care professionals' preferences
1. What should be transferred?	 Information HCPs need during PH emergencies. Products that favor clinician uptake.
2. To whom should it be transferred?	3. HCPs, as defined by their profession and setting.
3. By whom should it be transferred?	4. A broker that is recognized and trusted.
4. How should it be transferred?	5. Clinicians have channel preferences.
5. With what effect should it be transferred?	6. Best clinical care during PH emergencies.

Section IV

Based on the analysis of the historic pH1N1 event and the knowledge gained from that experience, we identified four core strategic propositions:

- 1. Clinical pandemic planning and response needs to be patient-oriented and therefore driven by health care providers.
- 2. The best role for HCPs is as a partner in pandemic response; their role must extend well beyond that of a target audience for pandemic communications strategies.
- 3. Canada needs a national approach supported by national standards for the structures, processes and products of guidance development.
- 4. The clinical pandemic response system must be established before the next public health emergency, because establishment of governance, funding, structures, processes and standards requires time. Strategy could be tested during inter-pandemic periods on other communicable diseases (e.g., seasonal influenza, MERS corona virus, H7N9 etc.).

