

# WADEM Primary Care SIG Newsletter



## EDITORIAL

The 2023 WADEM congress in Killarney, Ireland was an absolute success for the Primary Care stream. We had three oral presentation sessions over 2 days and our first in-person SIG meeting.

This year there was a new format of presentations with an engaging opening talk by an innovator/influencer in the field and both lightening and oral presentations.

Dr Carolina Tannerbaum-Baruchi (pictured below) gave an inspiring talk about the resources used by people with hearing disabilities and the challenges they face during emergencies. Dr Joe Cuthbertson gave a thought-provoking talk on the impact of drug addiction, domestic violence



and suicide in Australia through the lens of disaster risk reduction.

Additionally, our SIG leadership team had the opportunity to present several of their studies wearing their research hats. Co-Chair Dr Penny Burns presented on "Changing the Scene: Lessons Learned and Actioned into General Practice from Australian Flood Fire Drought & Heat through Primary Health Networks". Secretary Dr Elizabeth (Libby) McCourt presented work on an evaluation study of disaster table-top exercise workshops held at pharmacy conferences. And I had the honour of leading a discussion about how we can apply adaptive leadership principles to crisis management for primary care and a study using photovoice methods to explore pharmacists lived experience working during the COVID-19 pandemic (pictured right).

There were many great talks and connections made during these Primary Care sessions. I encourage readers to read the abstracts that are published in the Prehospital and Disaster Medicine journal and available at this link - <https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/issue/A6A000328D2C39C1D96C106038F1996B>



I also have the pleasure of welcoming our newest leadership team member - Dr Martin Ossowski, who was voted in at our in-person SIG meeting. Below you will find Dr Ossowski's bio and an article he wrote about his experience working as a primary care physician during the pandemic and setting up a field hospital.

Sincerely,

Kaitlyn Watson

Co-Chair,  
WADEM Primary Care SIG



## A SWEDISH PRIMARY CARE PERSPECTIVE ON THE COVID-19 PANDEMIC

Encountering foreign pathogens has caused humanitarian crises historically and still poses a threat in our modern society. The COVID-19 pandemic had been monitored throughout the world for some time before it hit Sweden in March 2020. The Swedish Government had already initiated preparations and a taskforce to manage the potential hazards of the pandemic. Nonetheless, our society and healthcare system had to make great adaptations to handle what was to come.

Working as a doctor in primary care in Karlskrona, the average workday became quite different after the start of the pandemic. In order to continue providing care as effectively as possible some initial points had to be focused on;

- Managing patient flows
- Personal protective equipment
- COVID-19 testing
- Routine and information updates

### **The Swedish approach**

"Flattening the curve" quickly became a recognized motto. It refers to reducing the peak number of cases at one point of time by spreading them out over a larger time span.(1)

The aim of the method was to reduce the rate of COVID-19 transmission so that the hospitals would not be over capacitated. This was to be achieved by increasing public restrictions and recommendations during surges of infection. At the same time public immunization would be increased through COVID-19 vaccination and endured infection. However, it would soon

be clear that we would have to increase our healthcare capacity to be able to sustain this method. Through this approach, we were successfully able to "flatten the curve." (2)

### **Infectious facilities**

In order to decrease patient-to-patient transmission at primary care centers, cohort care was implemented. Temporary facilities were deployed to which patients with infectious or respiratory symptoms were referred. This was done due to the lack of proper primary care facilities to manage such large volumes of patients. The ability to care for these patients in the infectious facilities reduced the strain on the emergency departments where they would often seek help otherwise.

All patients with infectious symptoms, such as a cough or fever, passed through a phone triage by their regular primary care center. If considered to need a medical examination, they were redirected to a nearby infectious facility or the emergency department.

The infectious facility in Karlskrona consisted of a vestibule for initial triaging staffed by a nurse. Past the triage area was an inner segment containing examination rooms and an office staffed by a nurse and a doctor. The patients assessed to need a doctor's examination would be confined to one of these examination rooms during the entire visit to reduce risk for transmission.

Managing the patients while keeping strict sanitary procedures

complicated. Personnel had not previously been trained in this type of environment or these types of routines. Many of the procedures and routines had to be made up along the way. In order to minimize changing of personal protective equipment (PPE) and exposure, tasks regularly done by nurses, such as blood work, were instead often done by the doctor in the examination room.

Frequent adjustments had to be made as new recommendations became available, regarding subjects such as required grades of PPE. As the demand for PPE in the world surged, we had to be very restrictive with materials at times. Face masks were initially scarce for instance, and the recommendation for when and what PPE to use changed over time as we learned more about the virus transmission.

### **Vaccinations**

When the various COVID-19 vaccines started to become available, a new practical challenge appeared. We now needed to handle large volumes of patients that needed to receive their vaccinations. Managing and planning the vaccination was a resource demanding task added on top of previous ones.

### **COVID-19 testing**

Testing for COVID-19 was initially very limited and restricted primarily to hospitalized patients and healthcare staff presenting symptoms. (3) As personal testing became publicly available, the diagnosing of COVID-19 became a whole lot easier since it could be done at home by the



patient himself. This, however, resulted in a huge influx of administrative work; to track and isolate patients.

## **Moving forward**

The pandemic put the healthcare system to an extensive test, showing us our strengths, capacities and our weaknesses. We should now be much more aware of our shortcomings and how a single threat can overburden an already strained system.

In retrospect, a higher level of preparedness and a greater understanding of how to steer patient flows would have made for a more time-effective response. (2)

It is my opinion that primary healthcare workers need to be more involved in the planning and decision making when responding to a crisis. Since primary healthcare personnel stand closest to the general public, we possess a deep knowledge of disease prevention and patient flows. Our work with a wide range of patients is of great importance in order to keep the general public healthy and resilient to disease. Increased training and awareness for primary healthcare workers in crisis management is essential to ensure a proper response in the future.

## **References**

1) Centers for disease control and prevention and The department of health and human services. Interim Pre-pandemic Planning Guidance: Community strategy for pandemic influenza mitigation in the United States: early, targeted, layered use of nonpharmaceutical interventions. [2007]. By Centers for disease control and prevention. [Cited 2023JUN22]. Available from: [https://stacks.cdc.gov/view/cdc/11425/cdc\\_11425\\_DS1.pdf](https://stacks.cdc.gov/view/cdc/11425/cdc_11425_DS1.pdf)

2) Sveriges Kommuner och Regioner. Att lära av en kris: Kommuner och regioners lärdomar från covid-19-pandemin. [2023] by Sveriges Kommuner och Regioner. [Cited 2023NUN22]. Available from: [https://skr.se/download/18.3cd0d917188ba18743493267/1687784350987/SKR\\_S5\\_Att-lara-av-en-kris-uppdaterad.pdf](https://skr.se/download/18.3cd0d917188ba18743493267/1687784350987/SKR_S5_Att-lara-av-en-kris-uppdaterad.pdf)

3) Fredriksson M and Hallberg A (2021) COVID-19 Testing in Sweden During 2020—Split Responsibilities and Multi-Level Challenges. *Front. Public Health* 9:754861. doi: 10.3389/fpubh.2021.754861



## **Martin Ossowski**

*Martin Ossowski is an MD with several years of experience in primary care. As a senior resident general practitioner, he is experienced in various aspects of healthcare, including tele-health.*

*In addition to his clinical practice, Martin is also a delegate of STRAMA, a Swedish coalition that advocates for the responsible use of antibiotics in order to reduce the development of antibiotic-resistant bacteria.*

*During the COVID-19 pandemic, Martin worked in a temporary infectious facility providing primary care to patients with infectious symptoms, in addition to his ordinary work. This sparked an interest to improve disaster response within primary care.*

# WADEM Primary Care SIG Newsletter



## SIG Updates

The Primary Care SIG is gearing up to showcase the amazing work completed by primary healthcare professionals. In order to assist us in this endeavour, please send us a short 30 sec video answering the following questions

- Who are you and where are you in the world?
- How have you helped your community during COVID-19?
- What has been highlighted for your profession during COVID-19?

Please send videos to Dr Kaitlyn Watson – [kewatson@ualberta.ca](mailto:kewatson@ualberta.ca)

## How you can get involved

We have a number of objectives that we wish to achieve in our section and underpin this with an operational plan. We would like to gain your support and input in achievement of these, and furthermore, would like to know how we can assist you in your endeavors.

To express your interest to join the Primary Care SIG, please complete this Google Form – [click here to access the form](#)

## Feedback

Thank you for your interest in our special interest group if you have any suggestions or questions please contact us as below.

Material is welcome for any of the sections listed in the Newsletter, or under a new category, if that is appropriate. Personal experiences, case and research reports are especially welcome; material is welcome from WADEM members and even non-members internationally.

Email feedback to Dr Libby McCourt – [libby.m.mccourt@gmail.com](mailto:libby.m.mccourt@gmail.com)

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HEART OF THE  
COMMUNITY AND IT  
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BEATING DURING  
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AND DISASTERS***

## Disclaimer

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For more information visit the WADEM webpage for the [Primary Healthcare Response Special Interest Group](#)