

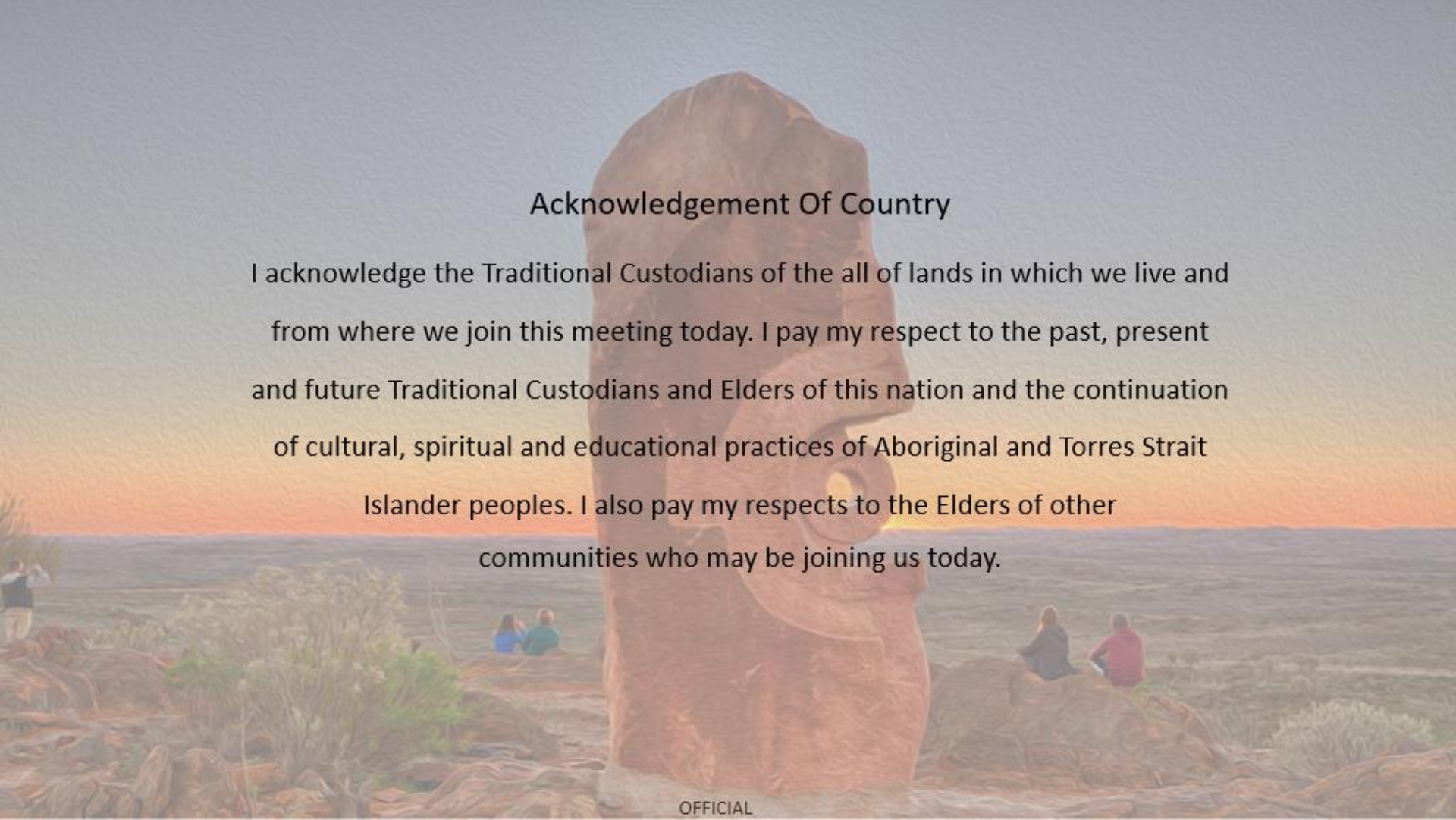
6 October 2021

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# COVID + Pathway Learning Network webinar series

Webinar 2: Innovations in COVID care delivery - Northern Health  
experience

**OFFICIAL**



## Acknowledgement Of Country

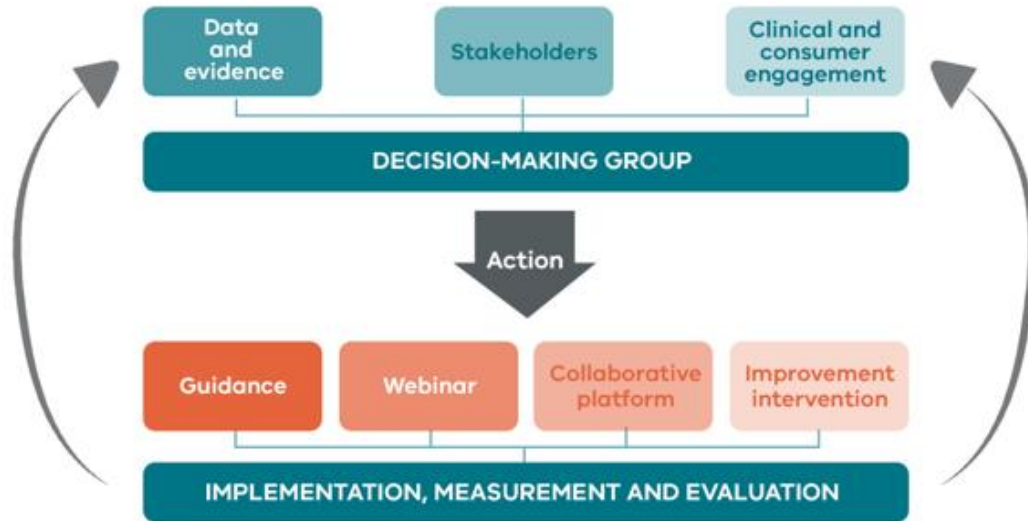
I acknowledge the Traditional Custodians of the all of lands in which we live and from where we join this meeting today. I pay my respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. I also pay my respects to the Elders of other communities who may be joining us today.

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## Webinar series purpose

- Showcase local clinicians who will share their experiences delivering the COVID + Pathways model
- Provide a forum for sharing and collaboration to support the delivery of best practice

# COVID + Pathway Learning Network



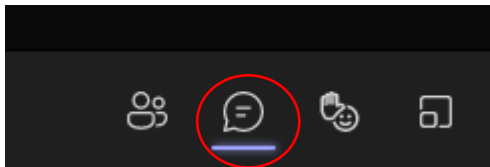
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## Before we start

This session will be recorded and made available on the SCV website.

Throughout the webinar you can ask questions by typing your question into the chat.



There will also be a dedicated time for questions and discussions.

The presenters will do their best to answer your questions at the end of the presentation.

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# Overview

Topic	Presenter
<b>COVID + Pathway update</b>	Shannon White, Executive Lead <i>COVID + Pathways, Department of Health</i>
<b>ED Virtual triage</b>	Dr Loren Sher, <i>Director of Paediatric ED and Virtual ED, Northern Health</i>
<b>Questions</b>	
<b>Establishing and running a Sotrovimab Infusion Centre</b>	Prof Don Campbell, <i>Divisional Director, Hospital Without Walls Program, Northern Health</i>
<b>Questions</b>	

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# COVID + Pathways update

**Shannon Wight**

Executive Lead, COVID + Pathways Program & Executive Director Clinical Operations, Eastern Health

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## COVID+P Program – Systems, Standardisation & Scalability

### Deputy State Controller's COVID+ Taskforce

Peak authoritative group responsible for decision-making and oversight of the program.

Initial focus is to scale up the existing program inline with projections

### Actions endorsed

1. 24/7 Continuum of Care for C+P : Expansion of the Northern ED Virtual Triage model of care across all metro HPS's
2. High volume of COVID + cases in community : New - Self - Engaged GP Care Pathway
3. Connecting the System around the COVID + person : Introduction & Recruitment of COVID Care Navigators
4. Preserving Health Service Workforce : Proposed centralisation of clinical and social intake assessment for all Metro HSP's



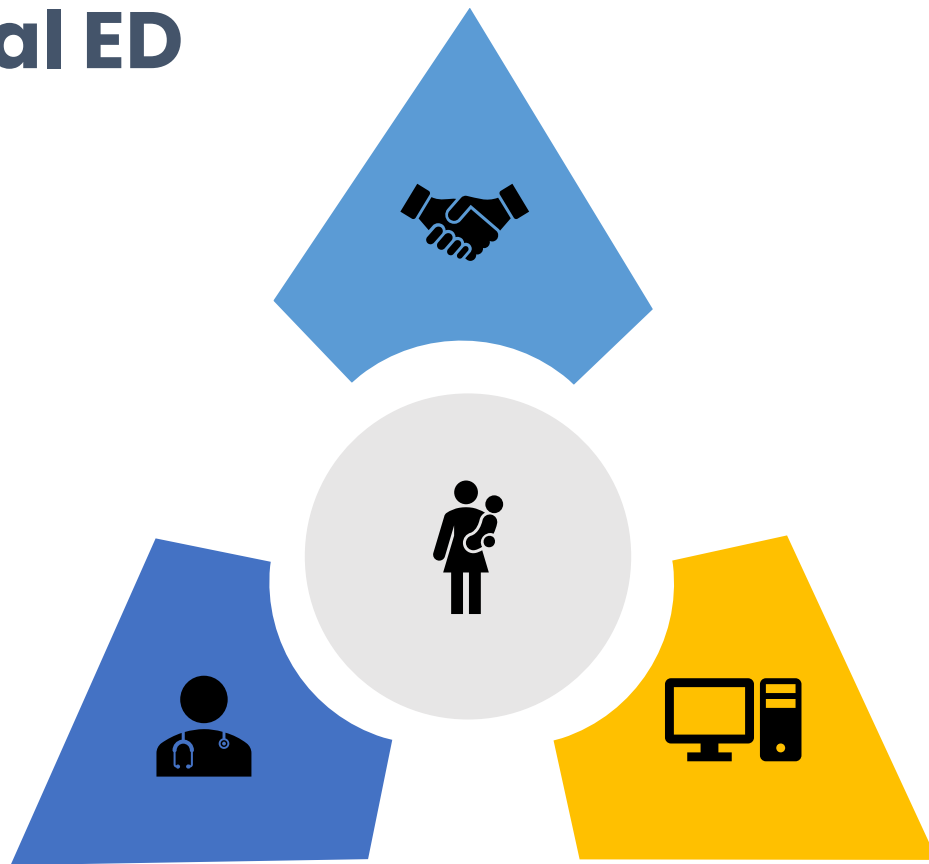


# **Virtual ED: COVID response**

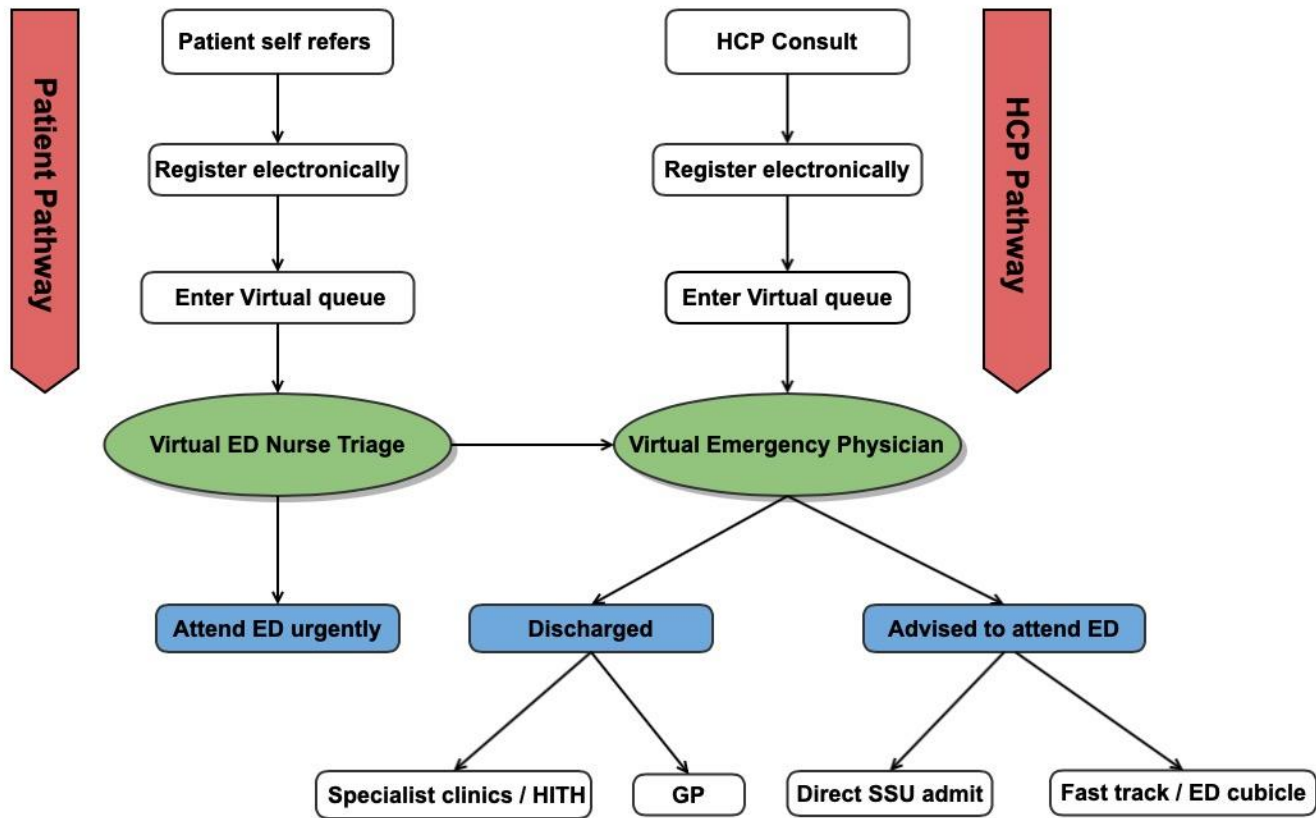
**Dr Loren Sher**

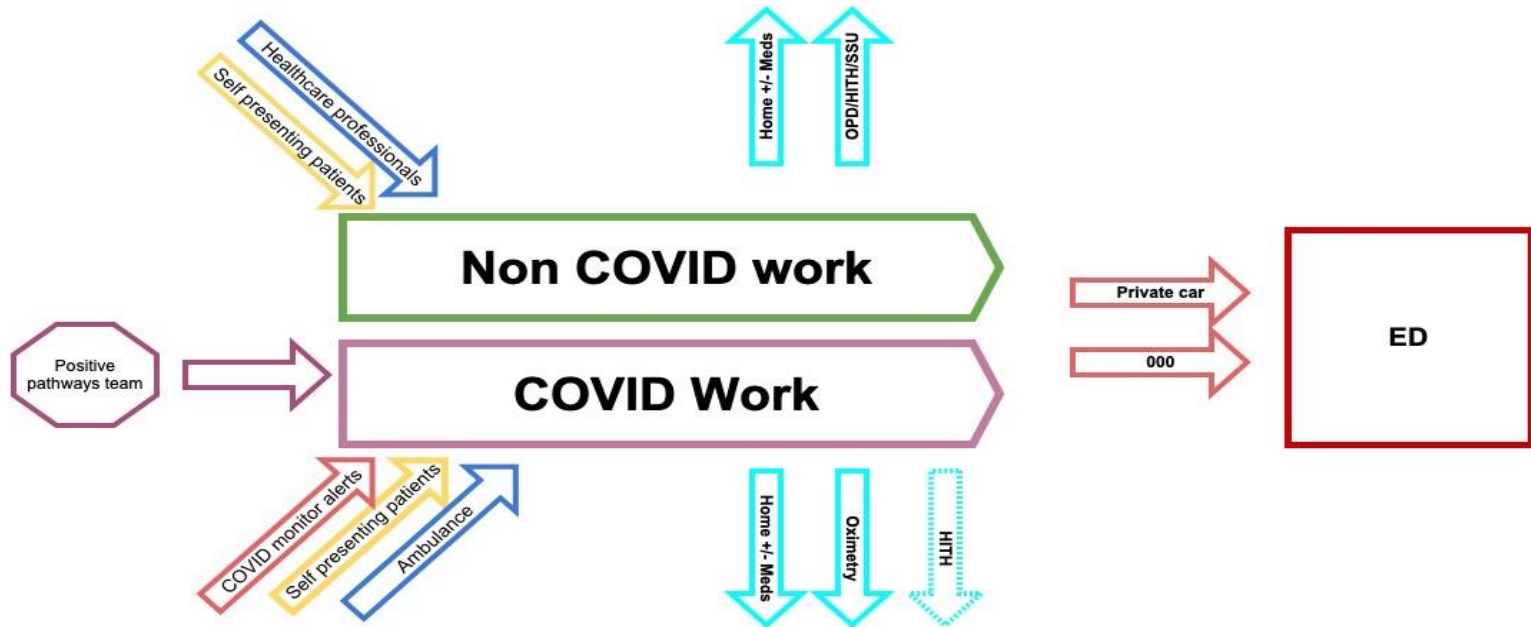
**Director of Paediatric ED and Virtual ED**


# Virtual ED



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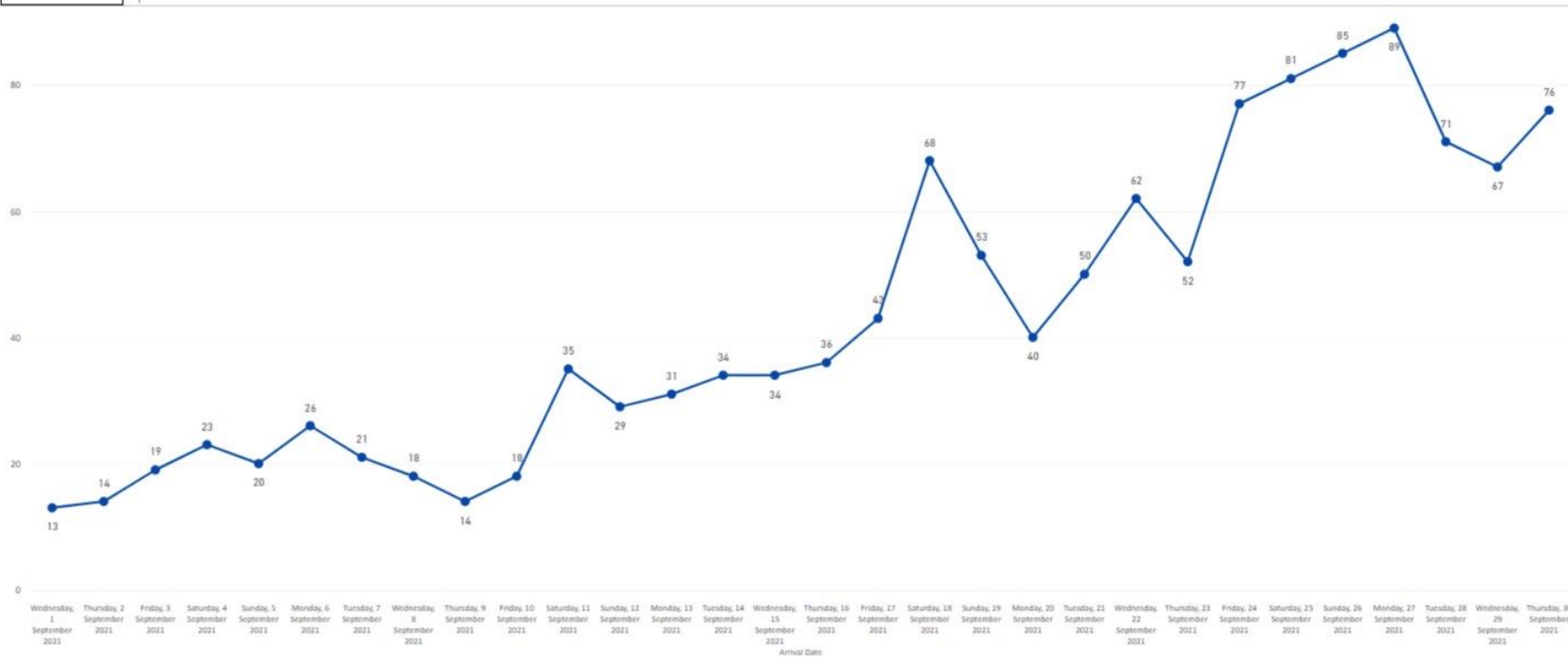




Asymptomatic/mild	Moderate symptoms	Symptoms of deterioration	Critical Symptoms
No shortness of breath	Mild SOB – not restricting ability to attend to ADLs	Mild exertional SOB- eg walking to toilet	Shortness of breath at rest or minimal exertion. (standing up or talking) Difficulty breathing/unable to talk
No fevers or low grade fever	Rigors	Dizziness on standing	Confusion or altered conscious state Fainting/collapsing
No restriction on daily activities	Able to spend some time out of bed and attend to ADLs	Reduced ability to attend to ADLs. Minimal time out of bed.	Unable to leave bed even to toilet
Tolerating food and fluids normally	GI symptoms- still producing urine and tolerating most intake	Vomiting or diarrhoea > 4 times a day.	Unable to tolerate any oral intake OR minimal oral intake for 48hrs Little or no urine output (children)
No pain or mild pain that is managed with paracetamol	Mild chest pain- not restricting ability to take a deep breath	Chest pain restricting ability to take a deep breath	Severe abdominal or pharyngeal or chest pain
Minimal or mild cough	Productive cough		Coughing up blood
No other clinician concern		<u>Sats</u> 92-94%  HR 100-120	<u>Sats</u> < 92 % at rest  <b>OR</b> <u>Sats</u> decrease below 92% with minimal exertion or talking

< Back to report

## AVERAGE VIRTUAL ED PRESENTATIONS OVER TIME PER DAY











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# Establishing and running a Sotrovimab Infusion Centre

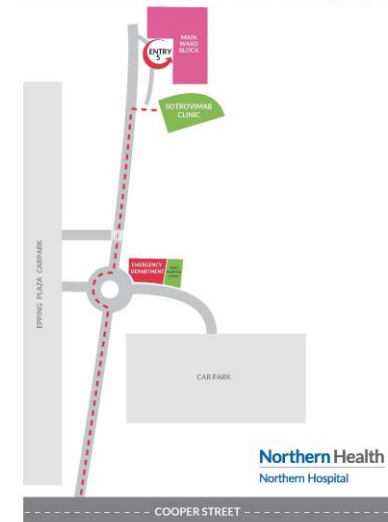
**Prof Don Campbell**

Divisional Director, Hospital Without Walls Program, Northern Health

# Sotrovimab Infusion at Northern Health



Getting to the Sotrovimab Clinic at Northern Hospital



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# Australian Public Assessment Report for Sotrovimab

- Based on a review of quality, safety and efficacy, the TGA approved the registration of Xevudy (Sotrovimab), 500 mg in 8 mL, concentrated injection solution for infusion:
- *Xevudy has provisional approval for the treatment of adults and adolescents (aged 12 years and over and weighing at least 40 kg) with coronavirus disease 2019 (COVID-19) who do not require initiation of oxygen due to COVID-19 and who are at increased risk of progression to hospitalisation or death.*
- *The decision has been made on the basis of short-term efficacy and safety data.*

August 21 2021

## National COVID-19 Clinical Evidence Taskforce

- August 26<sup>th</sup>: published recommendations on the use of sotrovimab for the treatment of COVID-19 in adults who do not require oxygen and who have risk factors for disease progression.

# Criteria for Sotrovimab Approval

**NEED ALL of THESE:**

1. Confirmed SARS-CoV2
2. **LESS than 5 DAYS of \*SYMPTOMS\* / date of onset**
3. Not requiring supplemental oxygen ie. **NOT TOO SICK!**

**AND \*either\* one of**

**4a. Immunosuppressed** (this is new 1<sup>st</sup> Oct) **OR**

**4b. Not “fully” vaccinated**

- Unvaccinated or partially vaccinated (<2 weeks since 2<sup>nd</sup> dose)

**AND at least 1 risk factor**

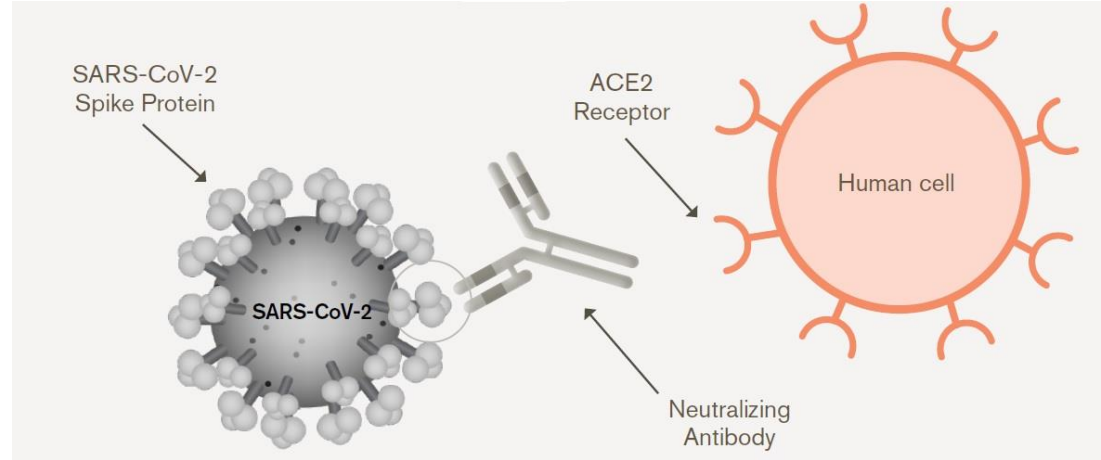
- Age  $\geq 55$
- Asthma, moderate-severe (requiring MDI or oral steroids)
- BMI  $\geq 30$  ie Obesity
- CCF (NYHA II+)
- CKD (eGFR < 60 by MDRD)
- COAD
- Diabetes (requiring medication)

**\*PREGNANT\*** patients discuss with Medical Obstetrics on call 1st

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## Sotrovimab IV (Xevudy)

- Monday to Friday currently
- N95 mask applied
- Baseline Obs and SaO2
- 500mg dose IV over 30 minutes
- Monitor 1 hour post
  - Generic MonoAb infusion reactions 1%
- Discharged with Oximeter



**Note:** Sotrovimab binds to “stalk” of spike protein rather than head and clears COVID from body... simple (theoretically should work against most variants)

# Referral Outpatients for IV Sotrovimab

- **Check the criteria**
  - As per the Alfred form (v1.6 1<sup>st</sup> Oct) as they approve the release
  - **DAY of SYMPTOM(S)** onset is the key to eligibility (day of symptom onset is day zero)
- Send the patient the relevant **Sotrovimab Info sheet**
  - ENGLISH provided in HoU pack already
  - Available in multiple languages – *links to be included in PROMPT procedure and are available on pharmacy intranet page*
- **Discuss** the therapy in general terms with the patient first please
  - This helps when we call so they know to expect us
  - 30-minute infusion, 1 hour observation post
  - Oximeter will be provided if patient does not have one
- **Send details** to us to consent [sotrovimab@nh.org.au](mailto:sotrovimab@nh.org.au)
  - Firstname SURNAME UR No DOB
  - Contact number of patient
  - **Day of Sx onset**
  - Other details e.g. risk factors
  - Your contact details in case of need for clarification

Building a plane at  
40,000 ft





# What are we doing differently?

- Identify potential patients early
  - “Pulling” potential patients from Covid TRACE
    - Text message inviting symptom registration on Covid Monitor Portal
    - Stratify/assess eligibility
    - (Cold) Call
- Index case finding in families
- Accept referrals from NE Partnership, RMH, Obstetrics
- Using Bicultural Workers: Build Trust

# Bicultural workers

*"Working effectively between or across culture requires a separate skill set."*

- Centre for Ethnicity and Health

- Bicultural workers are important for building trust and engagement with communities.
- Different to interpreters, who provide an intermediary role to transfer information.
- Northern Health has been working with community partners to rapidly onboard a new workforce with overseas health qualifications to work as bicultural workers.
- Commenced Community Monitoring program with 1.0 EFT Arabic Bicultural worker.



# Thankyou

- CEO/COO
- Infection Control: Maddy
- ID team: Craig, Saliya
- Infusion Centre Nurses: Madonna of the Blessed Tent
- Doctors consenting patients: Cilla, Mandy, Kristen, Simon, Michelle, Lachy and...
- Pharmacy: Heather, Deanna, Vinod
- Entire Covid Community Support team: Sue, Nikky, Andrea and many more
- Loren /Johanna /Simon/Lachy/Rebecca/Keith
- NEPHU/Austin: Morgan
- Our Bicultural Workers thankyou!

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# Questions

**Please type your question in the chat**

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## Survey

Please complete our short survey to help us identify future topics for the COVID + Pathway Learning Network webinar series.

[Survey](#)

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## Future webinars

- Interested in sharing your services' experiences, innovations and learnings in delivering the COVID+ Pathway at an upcoming webinar?
- Did not receive this webinar invite directly and would like to register for future webinars?

Email us:

[centresofclinicaexcellence@safercare.vic.gov.au](mailto:centresofclinicaexcellence@safercare.vic.gov.au)