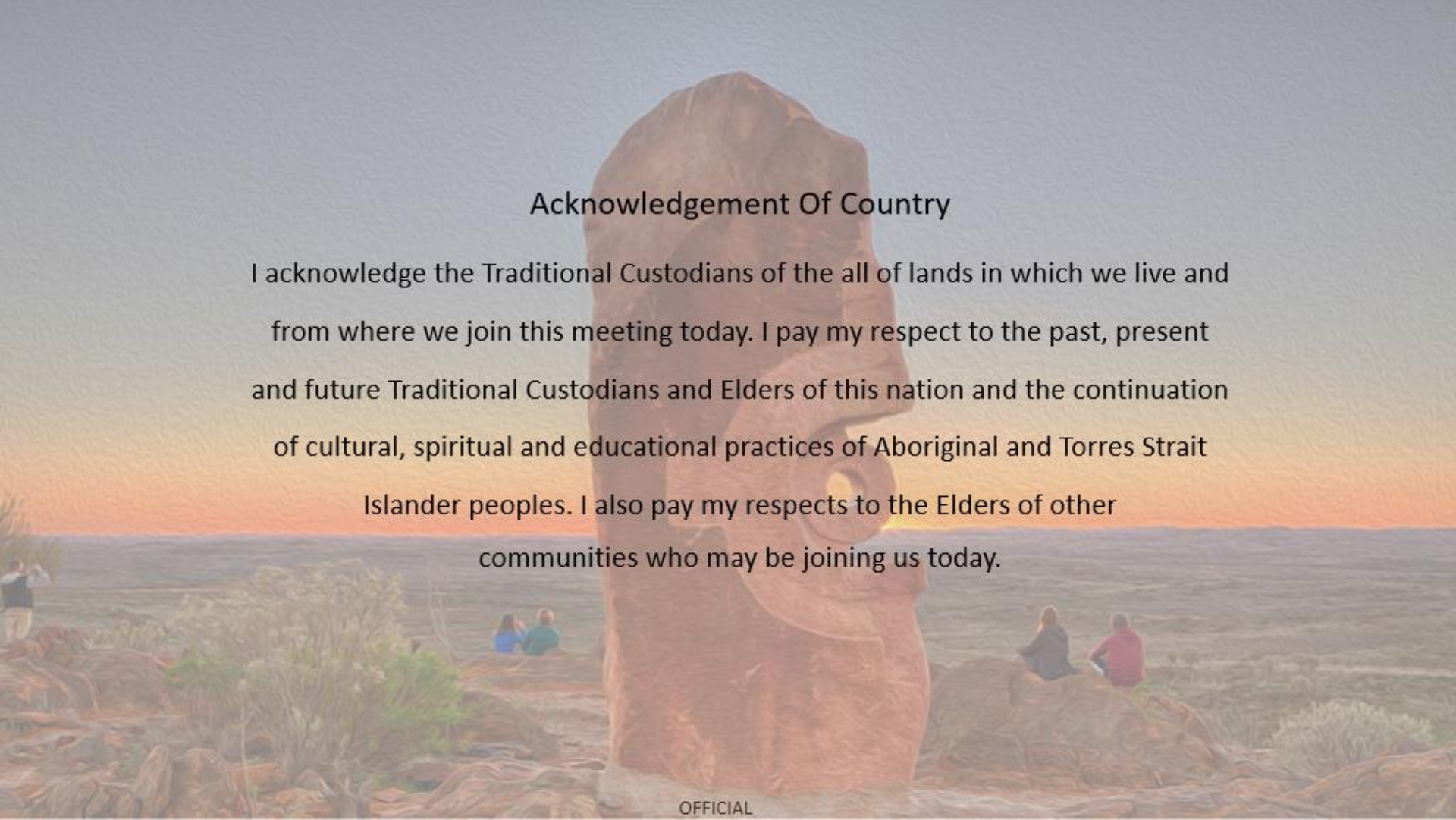


Wednesday 27 October, 2021

COVID + Pathway Learning Network webinar series

Webinar 5: Updated COVID-19 Positive Care Pathways

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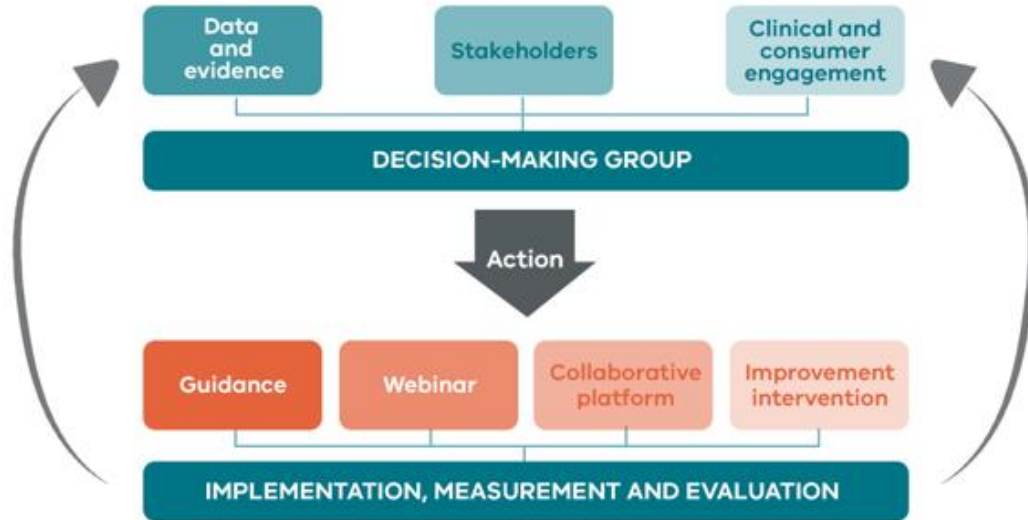
Acknowledgement Of Country

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.

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

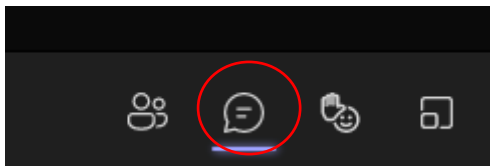
COVID + Pathway Learning Network



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Before we start

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.

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

Overview

Topic	Presenter
Thunderstorm asthma	<p>Dr Danny Csutoros</p> <p><i>Senior Medical Advisor, Department of Health</i></p>
Updated COVID-19 Positive Care Pathways	<p>Shannon Wight</p> <p><i>Executive Lead, COVID + Pathways, Department of Health</i></p> <p>Sarah Lorentzen</p> <p><i>Interim Director, Transformation Office and Director, Continuous Improvement Project Support, COVID Positive Care Pathways, Monash Health</i></p> <p>Dr Morgan Rose</p> <p><i>PhD Candidate, National Centre for Infections in Cancer, Peter MacCallum Cancer Centre and Infectious Diseases Physician, Department of Infectious Diseases/Centre for Antibiotic Allergy and Research, Austin Health</i></p>
Questions	

Thunderstorm asthma

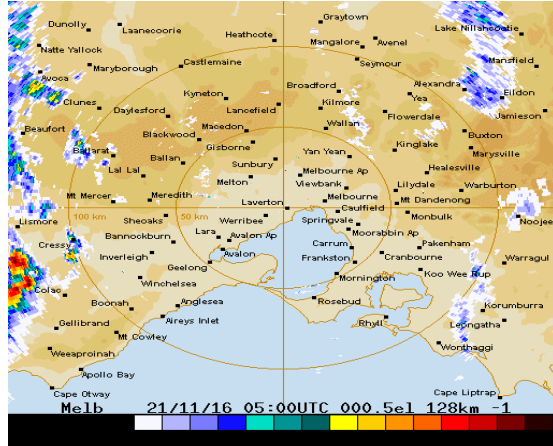
Prevention and self management is the priority

Dr Danny Csutoros

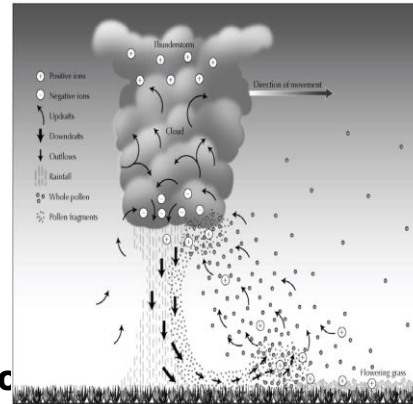
Senior Medical Advisor, Department of Health

ETSA@health.vic.gov.au

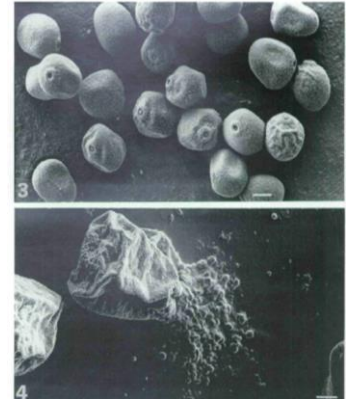
ETSA season – prevention and effective self management is the priority



- 2016 event - Approx. 3,500 ED, 500 Ad, 30 ICU, 10 deaths in 30 hrs
- Rye grass allergen blown across Melbourne /Geelong
- At risk are
 - Asthmatics (past present and undiagnosed)
 - poorly controlled did worst
 - People with spring hay fever (first time asthma)



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ETSA season – prevention and effective self management is the priority

Asthmatics

- 10% population
- Explain the [ETSA phenomena](#)
- Optimise their [asthma care](#) (check preventer use)
- [Right dose](#), [right technique](#), good adherence
- Have an [asthma action plan](#) which explains what to do during an exacerbations including oral steroids, and refers to ETSA
- Treat any associated hay fever
- Carry reliever with them

Spring time hay fever sufferers

- Make sure they don't also have asthma!
- Explain the phenomena & their increased risk
- Teach them asthma first aid and discuss what they will do if they develop asthma symptoms. Eg access to reliever medication and technique dose etc
- [Treat hay fever](#) and consider INCS
- Makes sure **you** are also prepared and are not exposed

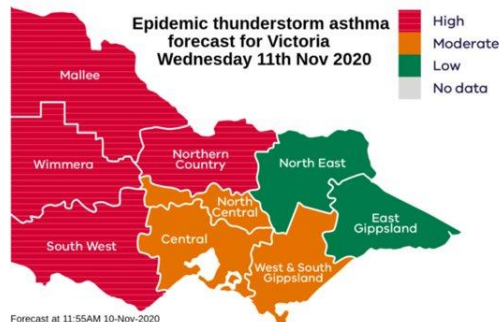
Please email any questions to ETSA@health.vic.gov.au
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ETSA season – prevention and effective self management is the priority

Every one should

- Check ETSA forecast (subscribe)
 - Most up to date forecast for that day available at 1230 pm
 - Most up to date forecast for tomorrow/next day available at 3pm
- Avoid trigger by keeping out of storms esp. wind gusts that precede them
- Go inside close windows and doors and turn off air conditioners that draw outside air indoor (eg evaporative systems)
- Teach any and everyone the 4 simple steps of [asthma first aid](#) so they can assist family/ friends if required.

ETSA forecasts



[VicEmergency](#)

[Health.vic](#)

[Melbourne Pollen](#)

Community information available from the [Better Health Channel](#)

Please email any questions to ETSA@health.vic.gov.au
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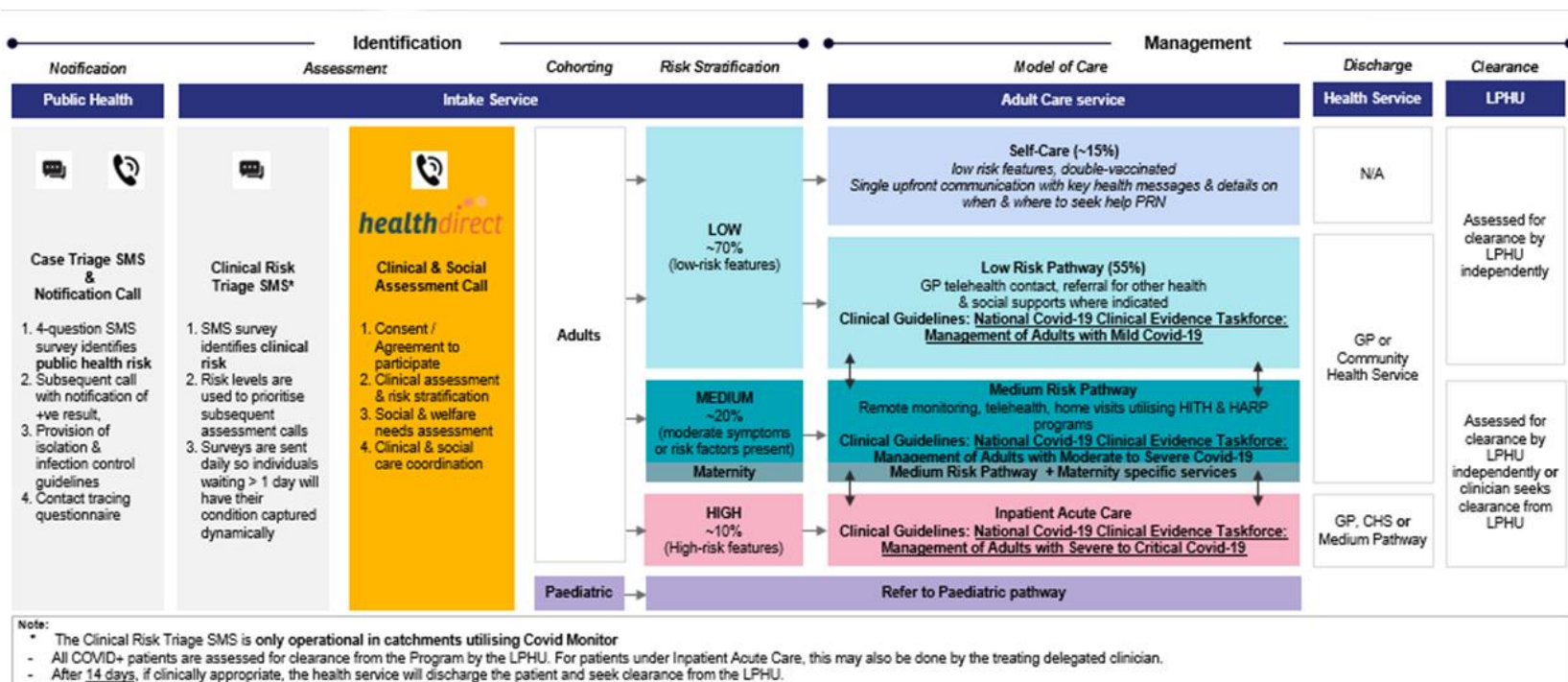
COVID-19 Positive Care Pathways

Shannon Wight - *Executive Lead, COVID + Pathways, Department of Health*

Sarah Lorentzen - *Interim Director, Transformation Office and Director, Continuous Improvement Project Support, COVID Positive Care Pathways, Monash Health*

Dr Morgan Rose - *PhD Candidate, National Centre for Infections in Cancer, Peter MacCallum Cancer Centre and Infectious Diseases Physician, Department of Infectious Diseases and Centre for Antibiotic Allergy and Research, Austin Health*

COVID Positive Pathways – continue to adapt in response to surge demand and the transition to *Living with COVID*



Remote Triage in COVID Monitor

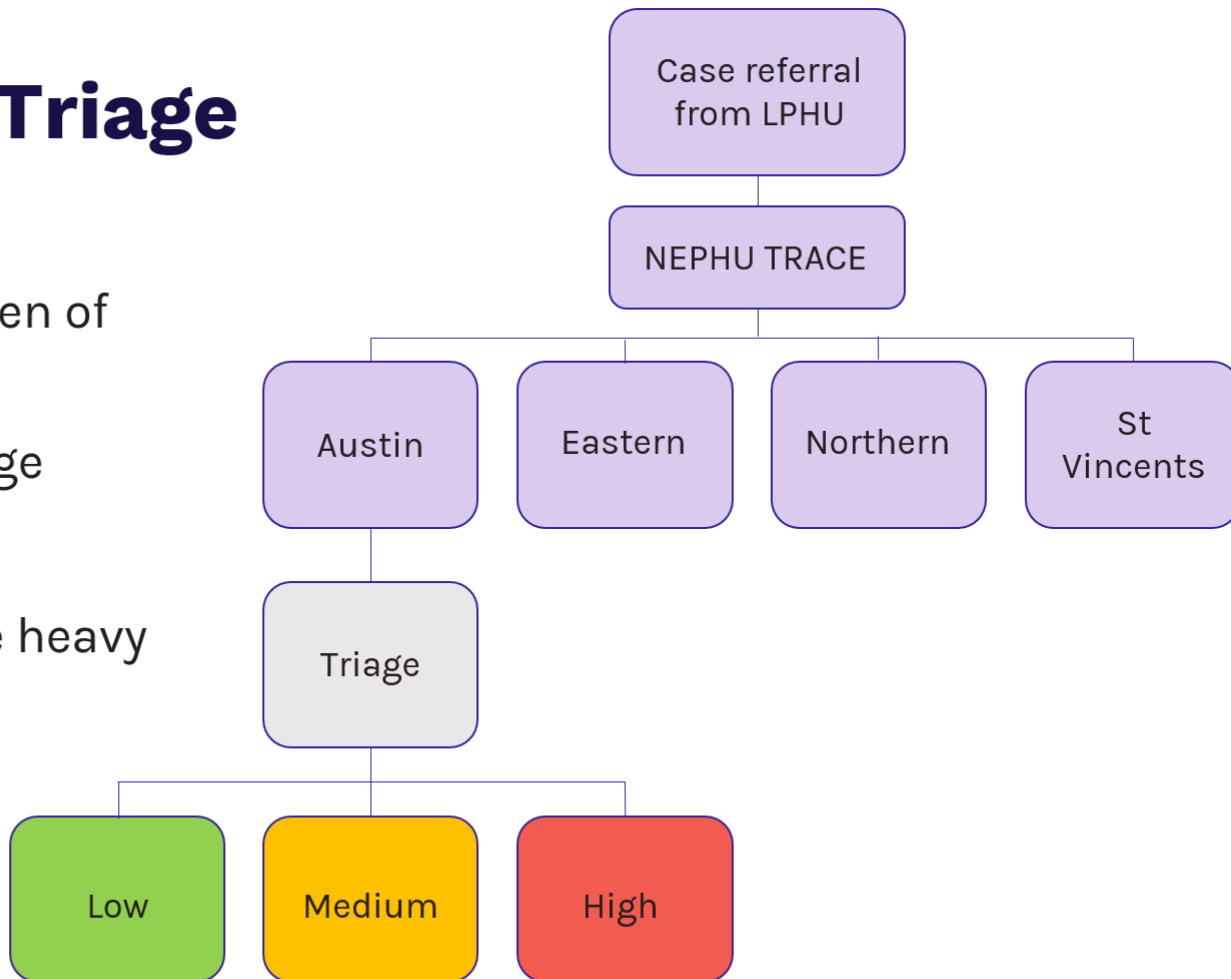
Dr Morgan Rose
Clinical Lead, COVID Positive Pathways Program,
North East Melbourne Health Services Partnership



Remote Triage

Issue:

- Large burden of cases
- Intake triage
- Vital
- Resource heavy



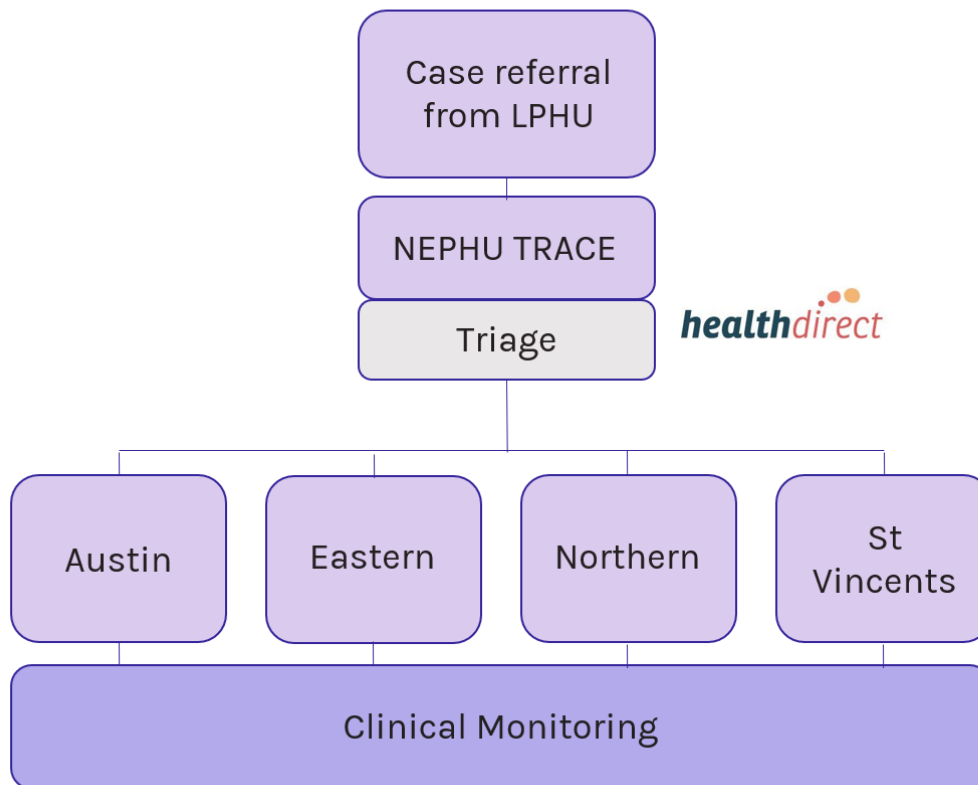
Remote Triage

Solution:

- Remote triage

Progress:

- Commenced Mid-Sep 2021
- Currently
 - 30-40 EFT
 - Triage capacity of 500 daily



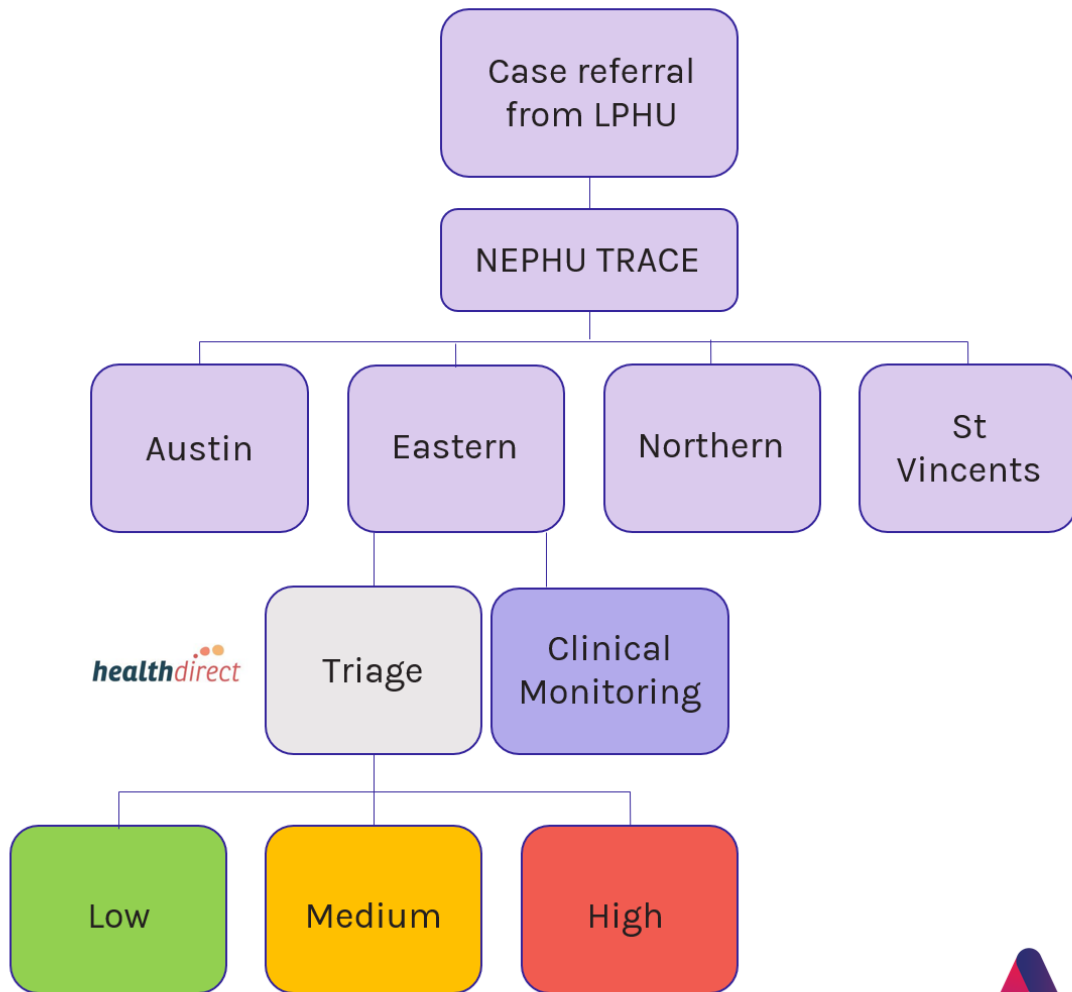
Remote Triage

Limitations:

- Load-levelling

Future Directions:

- Hybrid
- Remote triage within health service instances

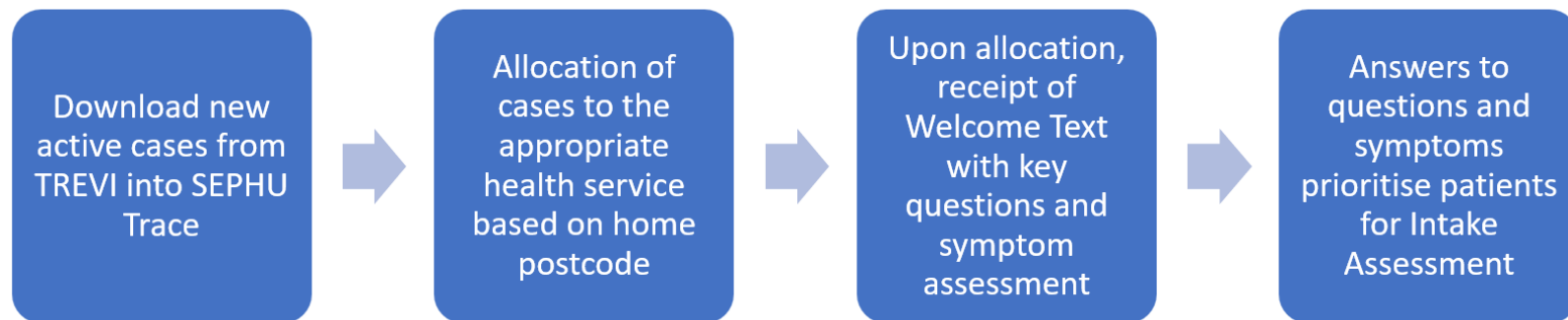


Monash Health

Prioritised COVID + Intake Assessment

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Active before Intake Workflow



Comorbidities
Vaccination Status
Pregnancy
Symptom Onset

Intake Assessment Prioritisation Algorithm

P1: SAME DAY CONTACT WITHIN 4 HOURS

All patients with severe symptoms recorded

OR any one of

Age ≥ 55 -74 if not fully vaccinated (not yet or single dose, regardless of symptoms)

Age ≥ 75 or ≤ 1 m (regardless of vaccination status or symptoms)

Pregnant

Comorbidities in initial questions (regardless of vaccination status) with moderate symptoms

P2: CONTACT WITHIN 24 HOURS

All patients with no comorbidities but with moderate symptoms recorded

OR

All pts with comorbidities with mild or normal symptoms

OR

Adult patients (18 years +) who have not responded to initial questions or symptoms (plus any P3 paediatric cases in the same household)

OR

P3s (adults and paed) who have not submitted symptoms for >48 hours (and have previously submitted)

P3: AS CAPACITY ALLOWS MAY NOT GET INDIVIDUAL PHONE CALL IN SURGE

Age >1 m-54 not fully vaccinated (not yet or single dose)

AND

Mild or normal symptoms recorded WITHOUT comorbidities

OR

Paediatric patients (age >1 m and <18) who have not responded to the initial questions or symptoms

P4: AS CAPACITY ALLOWS MAY NOT GET INDIVIDUAL PHONE CALL IN SURGE

Age <55 or >1 m

AND

Fully vaccinated

AND

Mild or normal symptoms recorded

AND

No comorbidities

Future Developments for COVID Monitor

- Auto-discharge workflow for Low Severity patients at Day 15
- Enhanced GP Communication Workflow
 - GP identified as part of Intake Assessment for all patients
 - Daily email to GP practices to include
 - List of their current positive patients
 - Their clinical pathway
 - Last symptom severity
 - Day of illness
 - Opt out instructions (if no capacity, patient not known to practice)
 - Link to clinical support resources
 - Link to GP Hotline

Building a sustainable COVID+ Pathways Program

- **Relationships**
- **Standardisation**
- **Scalability**

Questions

Please type your question in the chat

Survey

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

[Survey](#)

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