COVID + Learning Network Webinar Questions

OFFICIAL

Bendigo Health's approach to COVID + Pathways

Questions and Answers

Q1: Do you have any information on the future modelling and the size of the next peak that is due around the end of December 2021? What is being done to prepare for this? **A: I have not seen the modelling data and cannot comment on that detail at this time but in terms of readiness we will continue to focus on scalability, standardisation and relationships to develop a standardised way. From example, The Department is working with Healthdirect and appointing clinical governance for standardisation across the state.**

Q2: How is the Department looking to prevent future cross boarder issues?

A: A decision was made by commonwealth for a statewide approach to use Healthdirect and looking at GP notification and referral so that no one falls through the gaps.

Q3: How are you working with GPs in Bendigo?

A: This is a current work in progress. We are planning to do a staged transfer of low risk (low risk AND fully vaccinated) in the first instance and then build upon this. GP engagement is evolving. I (Joel) have been asked yesterday to develop some information for GPs and my adult colleagues has done more work on engaging GPs already. It is the next step, and it is really starting now for me!

Q4a: Do the COVID + Pathways have Allied Health input? If so – what type of allied health input and how is this provided/referred to? Is long term allied health input available for patients suffering with post-COVID symptoms?

A: There isn't any Allied Health involved in Paediatrics EXCEPT social work in family finding resources. Thankfully long COVID rates are very, very small in paediatrics.

Q4b: What about more generally in relation to COVID + Pathways services across Victoria?

A: St Vincent's Hospital Melbourne have senior OT/Physio staff working within our COVID +ve pathways team, but as clinical monitoring staff, not discipline specific service provision. We do have Social Work providing discipline specific care. Our multidisciplinary model of care for long COVID sits with our CRC but there is obviously opportunity to establish cluster/statewide standardised pathways for consumers with enduring symptoms.

Q5: Given all the work with the current local vendor and with IT systems, what will happen when the national Health Direct system comes in?

A: It is important to understand what the Healthdirect system is and does. Bendigo Health's basic understanding is that it will do the initial triaging of positive patients and then from that you can risk stratify them however some people will still need phone calls and possibly the low-risk work will fall to Healthdirect.

Q6: How did you go with introducing the new system and encouraging people to use it?

A: It's a delicate conversation but in most instances, people were pleased to have help and support. It did take some talking through to work out how it would work for them and introduce their own work flows so that the system works for them.

Q7: Is this a lift and shift approach to other services or very bespoke?

A: I'd like to think that other regions could use the same model, but Bendigo Health don't know the IT architecture for other areas. It would be challenging to rollout a piece of software the way we have unless something similar is already established.

Q8: Are you aware of any work like this that is happening across the regions?

A: Not sure but we would be very happy to hear from others. SCV will explore opportunities to facilitate opportunities for other regions to share their work in this area.

Q9: What did you do if people declined involvement? GP referral? What percentage didn't want to be part of the model?

A: People have to consent to being in any kind of program and if people do decline, we document that they have declined and from a Public Health Unit it is important that they are aware so they can do some additional work such as contacting them to check that they are isolating safely but with less calls. We also make sure that people who decline involvement know how to connect back into the service contact us if things start to decline. Local health care is important.

Q10: What is the platform that you used?

A: DC2Vue Care Management Software (Regional community platform)

Q11: As the dashboard can see the pressure points across the system, is this an integrated system where if one service is under a lot of pressure you can help relieve the pressure by directing patients to another service or is that still being worked through?

A: It is certainly possible. It hasn't been needed yet, but it is part of the plan moving forward.

Q12: What process to you have for load sharing across the system is one service is slammed with demand?

A: There is now the capability to load share across the region should we need to, yes. Process would be coordinated and overseen by the PHU.

Bendigo VHM is the biggest and in Paediatrics we have supported other smaller HITHs at their request. I know Adult HITH has done similar.

Q13: What about GP and primary care? How are they integrated into the system and how do you negotiate and liaise with them?

A: Across regional areas we have some GP's who work for health services and they can be a software user and part of the monitoring team. Where GPs are not employed by a health service, the plan will be to contact the person's GP and ask them to take over the care of that patient. In that case they will discharge and transfer their care over to the GP and give them the tools they need. GP feedback has indicated that they want to use their own GP software. Bendigo Health are looking to roll out GP engagement over the coming 10 days.

Q14: What about an interface with the GP system so data isn't manually re-entered?

It would be nice but very difficult. This would be hard to integrate and may not be possible in a short timeframe.

Q15: Are PHN's included in the regional meeting? How do we get an invite to this meeting?

A: If you don't have an invite, please email covid+pathways@health.vic.gov.au to join the meeting. At the moment this meeting will start with the 6 PHU/services today. We are working on the next steps such as bringing in smaller services like Seymour.

Q16: Can you build evaluation into the architecture? Are you using text messaging with links to enable customers to fill in their own data?

A: There is some simplistic text/SMS facility, but not for being able to have clinical responses returned.

Q17: Have you had instances where people who have initially declined care do need to come back in or present to ED?

A: Bendigo Health have not experienced this instance yet.

Q18: How can we think more about how we work better with other specialty teams? Do you think there is future opportunity for paediatricians to work with adult physicians?

A: Absolutely, at Bendigo our adult physicians and paediatricians have worked together for years as we have a lot of kids in our adult ICU and we feel think it is a good collaboration.

Q19: In terms of virtual integration, how do you work more with GPs by using technology and feeding back from tertiary services. How do you see opportunities moving forward for tertiary services, smaller rural units and primary care/GP? What learnings from COVID mean that BAU won't be the same due to a better connection?

A: We do see this happening in a number of areas. It is difficult as platforms are different however the Royal Children's have a good Electronic Medical Record and messaging system that can be accessed. It's a good question and will require some leadership at a state level through the head of paediatrics.

Q20: How did you communicate most effectively with GPs and what was the feedback mechanism to ensure that you have understood that the GP has accepted the referral?

A: This hasn't started yet, but it is underway for the next week or 2. There would be a phone handover from one of the medical staff in the home monitoring team to the GP as well as a letter to accept the care and acknowledge that via an email as formal acceptance. It's a clunky, admin heavy process but it's the best we could come up with at this time.

Q21: Who will lead on better integration between state and commonwealth?

A: The need for better integration has surfaced from out-dated technology and there is a need to upgrade to integrated systems and modern technology relevant to the 21st century. It is not clear who will lead this work however we will continue to raise these issues so that it can be identified as a key priority at the state and commonwealth level.

Q22: Why not invite the PHNs to present and tell us how they are providing leadership on GP engagement?

A: SCV will explore this as a future webinar topic.