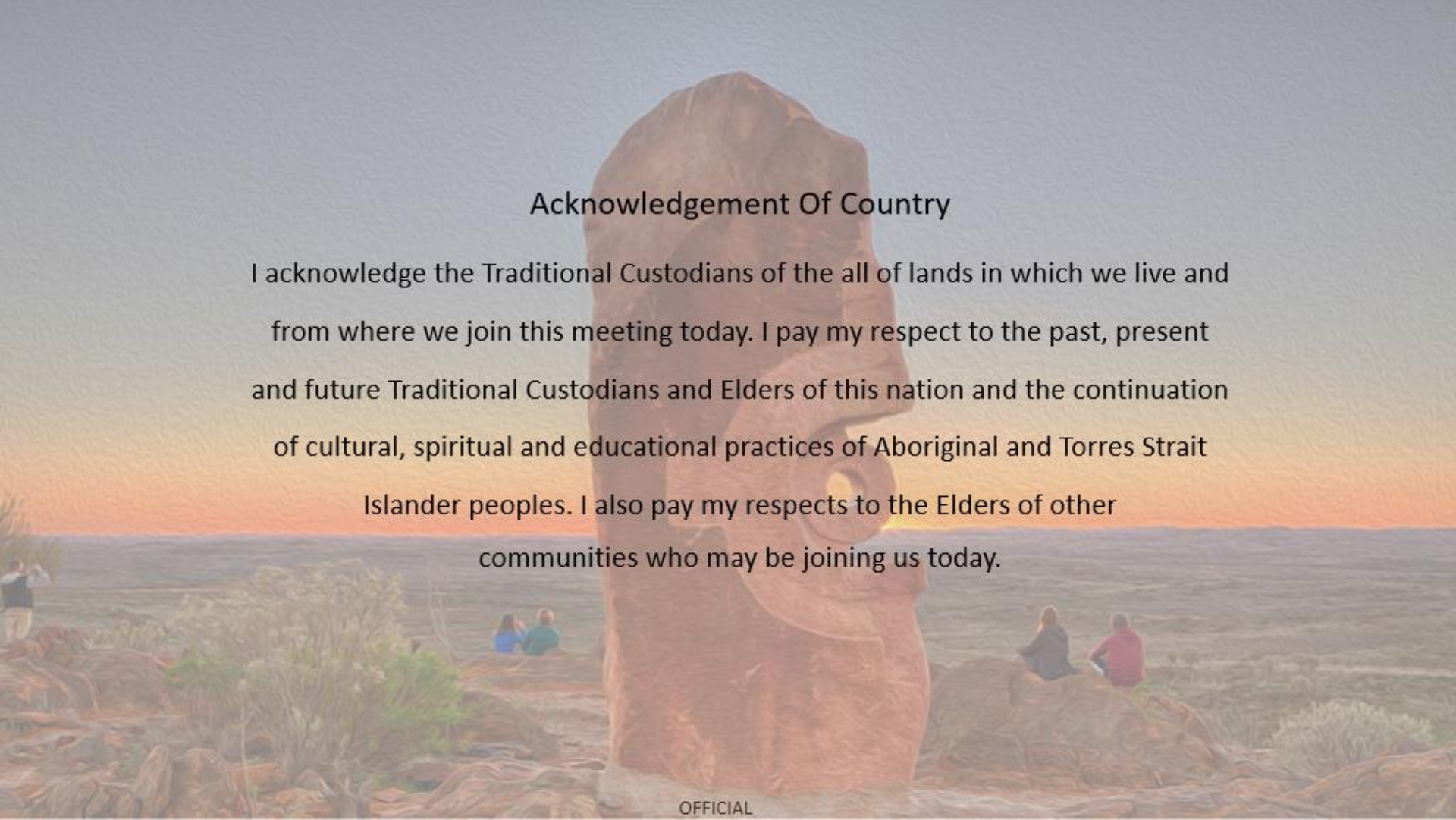# COVID + Pathway Learning Network webinar series

Webinar 8: Improvement Science at Pace - Standardisation in the medium risk COVID+ pathway

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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

* To share your services' experiences, innovations and learnings in delivering the COVID+ Pathway at an upcoming webinar email centresofclinicalexcellence@safercare.vic.gov.au

Before we start

Throughout the webinar you can ask questions by typing your question into the chat.
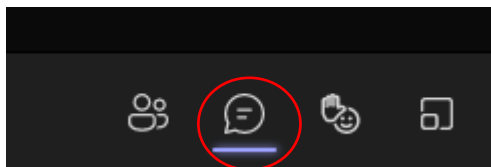
There will also be a dedicated time for questions and discussions.

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 https://www.bettersafercare.vic.gov.au/support-training/learning-networks/covid-pathways

Overview

Topic	Presenter
Improvement Science at Pace - Standardisation in the medium risk COVID+ pathway	Chris Breheny Robert Forsythe Eleanor Sawyer Lidia Horvat
St Vincent's experience	Meg Marmo
Covid Community Pathway (CCP) Support - Outsourcing logistics (The Alfred)	Steve Friel
Questions	

The Team

Ivonne Lieu – Department of Health

Yvonne Fellner – SCV

Lidia Horvat – SCV

Amber O'Brien - SCV

Rebecca Power – SCV

Brett Morris – SCV

Eleanor Sawyer – SCV

Caitlyn Brennan – SCV

Nina Mulvey – SCV

Courtney Lynch – SCV

Chris Breheny - SCV

Lisa McKenzie – IHI

Robert Forsythe – IHI

Linda Sorum – IHI

Kate Bones - IHI

Thanks to Health Service Teams & Clinicians

Alfred Health

Richie Coates

Harvey Newman

Belinda Miller

Melanie Reed

Steven Friel

Ilana Hornung

Monash Health

Rula Azzam

Ben Rogers

Barwon Health

David Meade

Jodie Reid

Eastern Health

Robyn Parker

Anne-Maree Pinder

Clare Hennessy

Albury Wodonga

Justin Jackson

Tanya Dawe

GV Health

Jane Stephens

Northern Health

Kristen Pearson

Rebecca Jessup

Keith Stockman

Don Campbell

Ballarat Hospital

Michelle Veal

Rachel Fishlock

Leonie Lewis

Jade Odgers

Sharon Sykes

Claire Milgate

Thanks to Health Service Teams & Clinicians

Western Health

Tessa Johnson

Craig Nelson

Kirsty Barnes

John Ferararo

La Trobe Health

Annelies Titular

Bass Coast

Dhruv Govil

Louise Sparkes

Austin Health

Morgan Rose

Allyson Manley

Peninsula Health

Damon Eisen

Fergus McGee

Bendigo Health

Sally Harris

Kym Peters

Susan Adams

Emma Broadfield

St Vincent's

Amit Ganguly

Rebecca Howard

Meg Marmo

Melbourne Health

Alistair Miller

Debbie Munro

Background

Improvement Science at Pace

What are we trying to accomplish?

How will we know that the change is an improvement?

What changes can we make that will result in improvement?

Plan | Do | Study | Act
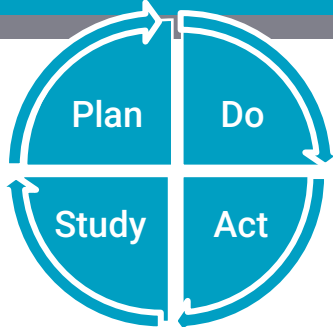
Measurement:

Outcome

Process

Balancing

DRIVER DIAGRAMS

Source: Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

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Pathways for Managing COVID-19

Clinical and Social Assessment Call

1. Consent/agreement to participate.

2. Clinical assessment and risk stratification.

3. Social and welfare needs assessment.

4. Clinical and social care coordination.

Self engaged (~30%)

Low risk features, double-vaccinated

Self-Engaged GP Care

Low (~40%)

Low risk features, unvaccinated, partially vaccinated

Low Risk Pathway

Medium (~20%)

Moderate symptoms or risk factors present

Medium Risk Pathway

Model of Care: Remote Monitoring, telehealth, home visiting utilising HITH and Health Independence Programs

High (~10%)

High-risk features

Inpatient Acute Care

COVID+ Medium Risk Pathway Driver Diagram

CHANGE IDEAS

SECONDARY DRIVERS

PRIMARY DRIVERS

AIM

Aim: Victorian health services will adopt a standardised approach to safely and effectively manage COVID+ consumers identified as medium risk at home, resulting in a lower rate of emergency presentations and reduced length of stay for COVID+ patients admitted to hospital by 19th of November 2021.

Engaged and Informed Clinicians

- Effective clinical governance
- Defined guidelines
- Implementation processes

- Establish effective governance structures to oversee the rapid scale-up of the Medium Risk Pathway and continue monitoring data to inform future refinements in response to the evolving COVID situation
- Develop and disseminate evidence-based guidelines on the Med Risk Pathway and use of pulse oximetry at home, with clear escalation protocols should the patient's condition deteriorate.
- Review and refine risk assessment processes to determine which patients are suitable for home monitoring
- Review and define how COVID Monitor App (or alternative tech) is used to support patients on the Medium Risk Pathway
- Develop information and resources for health care providers in hospitals and partner agencies who can support adherence to the standardised process

Self Managing Patients

- Regular clinician contact
- Self-management and monitoring resources

- Develop generic and CALD patient information, including videos
- Develop specific instructions for pulse oximeter use (brand specific)
- Provide a pack with instructions for using pulse oximeter and recording oxygen saturation levels, with clarity on escalation pathways if condition deteriorates

Enabled Workforce

- Workforce capability
- Workforce capacity
- Staff health and safety

- Define minimum skill and workforce requirements for the provision of pulse oximetry
- Develop and disseminate training and resources for staff
- Determine and support health services to establish the required workforce to support:

Informed Public & Other Health Providers

- Partner agencies (AV/GPs)
- State-level promotion

- Work with GPs and other partner agencies to ensure consistent messaging
- Develop information resources for the general public who may at some time need to self-manage and monitor COVID symptoms at home (including use of pulse oximetry)

Accessible Equipment

- Pulse oximeter availability
- Equipment distribution and return

- Source real-time data on availability of pulse oximeters across Victoria and regions
- Develop effective processes for the distribution of pulse oximeters and supporting patient information
- Develop clear equipment hire process and ensure patient is informed of process (including possible fee for unreturned equipment)
- Use couriers or taxis to distribute/return equipment, or prepaid postbags
- Use automated reminders (eg texts or calls) to ensure equipment is returned
- Develop minimum cleaning requirements for oximeters

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Recommended Measurement

Outcome	• Number of COVID+ pts that present to Emergency Care • Average Length of Stay for COVID+ pts admitted to hospital
Process	• Percent pts identified as COVID+ triaged to be managed at home via the Medium Risk Pathway • Percent COVID+ pts managed at home on the Medium Risk Pathway following stepdown from acute care
Balancing	• Percent COVID+ pts on the Medium Risk Pathway who die at home (after triage or after discharge from hospital) • Percent of readmissions within 28 days for COVID+ pts discharged home from hospital on the Medium Risk Pathway
Experience	• Percent of pts who have been on the COVID+ Medium Risk Pathway who report being very confident in the safety of their treatment and care on the Medium Risk Pathway • Percent of clinicians who report being very confident with their patient's care management while on the Medium Risk Pathway

Recommended Minimum Criteria of Care

❑ Triage system in place that utilises the Department of Health Adult Clinical Risk Stratification Tool

❑ Patients triaged as medium risk are provided comprehensive information about the Medium Risk Pathway and care to be received

❑ Patients receive a pulse oximeter and tool to record observations when on the Medium Risk Pathway

❑ Patients receive clinician contact every 48 hours at a minimum

❑ Uncontactable patients are escalated as per Medium Risk Pathway

❑ Clinicians are utilising the Medium Risk Pathway Escalation Criteria

❑ Workforce capability meets the minimum criteria of the Medium Risk Pathway

Additional Best Practice Criteria:

- For step-down from inpatient care to the Medium Risk Pathway, clinicians are using defined discharge criteria

- All community clinicians receiving a patient discharged from hospital onto the Medium Risk Pathway receive a discharge summary containing the minimum required information (e.g. remote monitoring and treatment plan)

- Patients who are discharged from hospital who require supplemental oxygen meet parameters of Pathway

- The health service is collecting and monitoring recommended measures

- There is a process in place to return and clean pulse oximeters

- There is a process in place to return and clean oxygen concentrators/cylinders

PHUs

The below image depicts the PHUs and lead health service that will be targeted for the scale and spread of the pulse oximeters.

Scale up and Spread

The reality

The Plan

Wave 1
20-22 October 21

Alfred Health
Bendigo Health
Eastern Health
Monash Health
(Melbourne Health outsourced)

Wave 2
25-29 October 21

Ballarat Health services
Goulburn Valley Health
Albury Wodonga Health
Western Health
Northern Health

Wave 3
1-5 November 21

Barwon Health
Latrobe Regional Hospital
Austin Health
St Vincent's Hospital
Peninsula Health
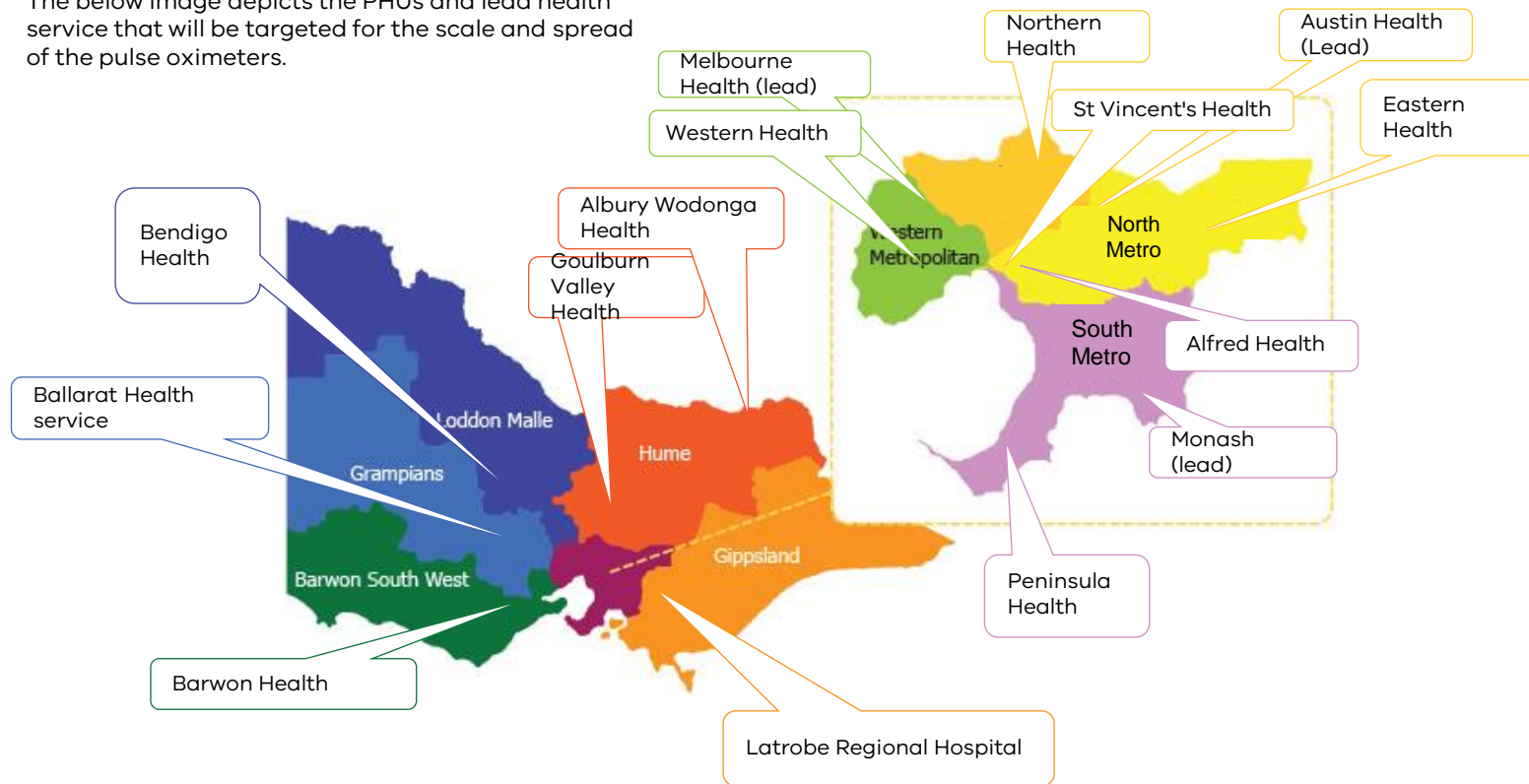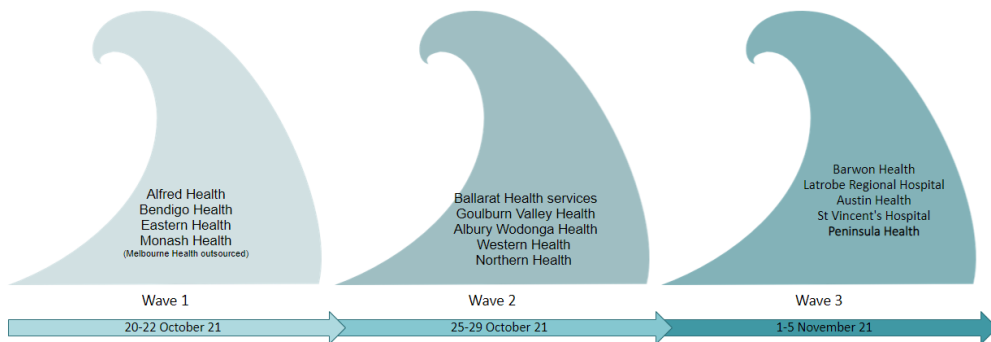
Engagement and Implementation

COVID+ Medium Risk Pathway
% lead agencies Engaged by Week
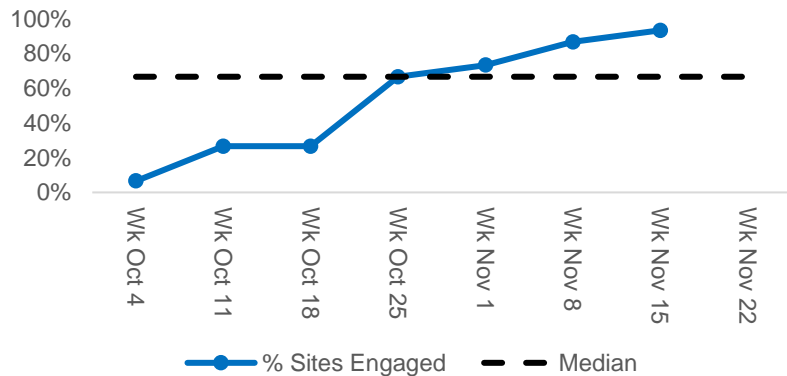
COVID+ Medium Risk Pathway
% sites with COVID+ care at home aligning with minimum standard
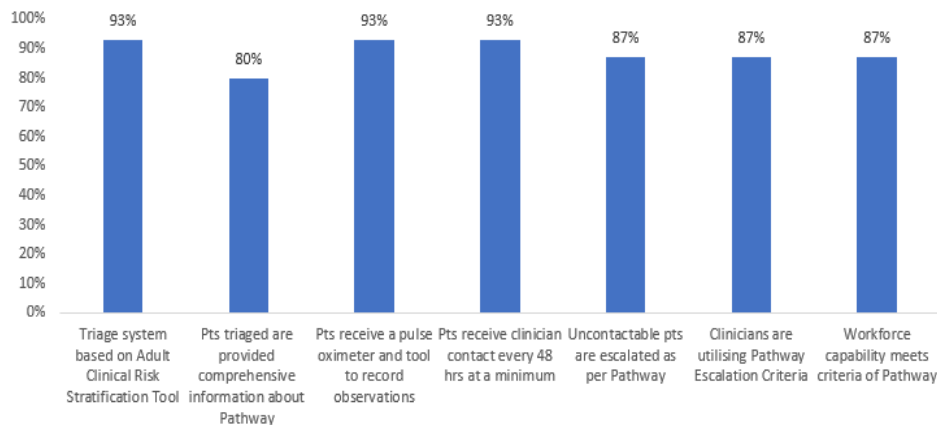
COVID + Care at Home (with equipment) Pathway

Pathway development

- Environmental scan of relevant publications and guidelines

- Discussions with Victorian health service executives and clinicians

- Iterative development process with feedback on document

COVID + Care at Home (with equipment) pathway

- Recommended virtual model of care

- Criteria for escalation on the medium risk pathway

- Criteria for step-down from inpatient care

- Workforce recommendations

Next steps

- Resources will be available on SharePoint including:

    - Pathway document

    - Consumer resources

- Finalise the oxygen at home pathway

Consumer resources

Need for accessible resources for consumers

To support clinical guidance - in a way that is accessible and actionable

- easy for consumers to understand and act upon

Develop multi modality resources to cater for diverse literacy levels

- written - suite of resources

- digital - video

Development process

Review of relevant resources, publications and guidelines – nationally and international

Consultation with health services to prioritise resource development for best value and impact

Consumers engaged

- regarding their information needs and modality preferences

- to test and sense-make at different stages - including the video transcript and filming

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Five written resources

1. COVID+ Care at Home (with equipment)
2. Start your daily pulse oximeter routine
3. How to use your oxygen monitor at home
4. My symptom tracker: COVID Positive Care at Home
5. Returning your pulse oximeter

Designed to be modified by health services to tailor to local process and context prior to providing to consumers.

Consumer resources

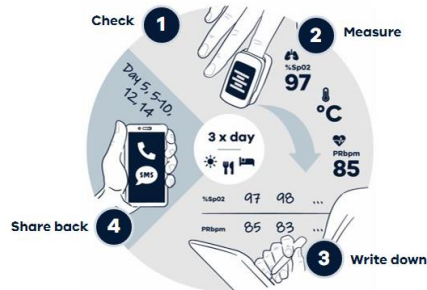HEALTH SERVICE TO ADD THEIR OWN LETTERHEAD.

How to use your oxygen monitor at home

Pulse oximeter

Measure your blood oxygen levels 3 times a day at home to check you are okay. Put your results in your paper diary or MONITOR app. There are different types of pulse oximeters. If these instructions below don't make sense phone 0000 0000.

QR code goes here — Watch a video on how to use your monitor or scan QR code

Step 1
The first time you use the monitor, you may need to insert the batteries (follow the instructions from the manufacturer)

Step 2
Before you clip it onto your finger
Remove nail polish or false nails (this is important because they can affect your results)
Rest comfortably for 5 minutes or more
Warm up your hands if they are cold

Step 3
Switch the monitor on
Attach the clip of the pulse oximeter to the finger next to your thumb, or your middle finger

Step 4
Watch the numbers on the pulse oximeter
Wait one minute
Make sure the numbers on the pulse oximeter have stopped changing
Write down your oxygen level (%SpO2 number) and your heart rate (PRbpm number)

Start your daily pulse oximeter routine

If you are concerned your symptoms are getting worse, call %%%%%%

Measure your blood oxygen levels 3 x day at home to check you are ok. Put your results in your paper diary or MONITOR app. Answer our calls or messages.

Check ① ② Measure
3 x day
Share back ④ ③ Write down

Check-up call or message
We will contact you every couple of days to check your results

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1		rest		rest			

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Week 2				rest		rest	

HEALTH SERVICE TO ADD THEIR OWN LETTERHEAD.

Returning your pulse oximeter

How to clean, pack and send your device back

It is expected that you will have the pulse oximeter for about 14 days from the time you first became unwell with coronavirus. When you no longer need your pulse oximeter device, contact us to return it.

Before you get started
Check with your treating professional that you do not need to use the monitor for longer before you give it back.

Find your cleaning and returning kit
Use the kit you were given with your monitor to clean and package your device. The kit has:
- gloves
- cleaning wipes
- snap-lock bags
- an envelope with your details and your health service.

How to clean your oxygen monitor
To clean and pack the device ready for return, follow these steps:
1. Wash your hands using soapy water for longer than 30 seconds
2. Put on the gloves

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Consumer Education Video

Oximeter Instructional Video Full Version.mp4

Consumers

+

Clinicians

+

Safer Care Victoria

+

Department of Health

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St Vincent's Hospital Melbourne
COVID Positive Pathways

November 2021

St Vincent's Hospital Melbourne

- Major metropolitan teaching hospital

- Founded in 1893 by the Sisters of Charity, still Mission-driven organisation with specific commitment to the care of disadvantaged communities

- Diverse catchment

- Pandemic specific initiatives:

  - *COVID Isolation and Recovery Facilities*

  - *Mobile testing & vaccination (homelessness, disability)*

  - *COVID Positive Pathways – articulation with ED, HITH, IP discharges, Sotrovimab Clinic*

Our consumers tell us they want a 'one stop shop' for clinical & welfare needs

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Medium Risk Pathway: Considerations

Risk is far beyond clinical metrics and co-morbidities …

- Social isolation
- Low health literacy
- Limited self-management skills
- Family violence
- Physical or intellectual disability
- AOD dependency
- Frailty
- Recall, cognitive or memory problems
- Complex caring situations (dependents)
- Tenuous housing or crowded accommodation
- Financial hardship

SVHM Cohort 2021

Mean age 28
30% have a GP
All-positive households

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Operational decisions to support needs

Staff Profile

- Multidisciplinary team
- Embedding Complex Care Services Care Coordinators
- Dedicated Social Work
- Back-of-house project support
- Clinical & operational escalation points 7 days

Logistics

- 13CABS account: to courier Sp02 & welfare needs
- Pharmacy database – deliveries, email scripts
- Flexible credit card – brokerage
- AHA for on-road pulse oximeter pick ups
- Collaboration with High Risk Address Response (HRAR)

Infrastructure

- *Clinical huddles*: CPP Team Leaders
- *Operational huddles*: ED, HITH, Disability Liaison, RVEEH
- Demand & capacity mapping – flexing staff across programs
- Centralised phone and email
- Team A/B; remote working
- Operations Manual – centralised, live doc.

Establish systems that support agile and creative care coordination solutions with rapid managerial approval

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Case studies & collaboration

CHALLENGE	SOLUTION
A COVID +ve young person lived with family who were not aware of their substance use disorder and experiencing withdrawal. They needed rapid, confidential in-home medical and psychosocial withdrawal support.	• CPP Physicians prescribed withdrawal support medication. CPP facilitated dispensing and delivery, with daily HITH phone calls to monitor progress. • Separate CPP staff were allocated to their co-resident family to ensure privacy protected.
A disability advocate contacted SVHM Disability Liaison Office advising them that an adult CPP/HITH client with intellectual disability and pre-existing mental health issues was distressed and deteriorating at home, despite reporting no issues via telephone assessments.	• Rapid coordination between SVHM Disability Liaison Officer and HITH, including referrals to CL Psych and Pastoral Care • Consideration of home based face-to-face assessment
A large, multi-generational CALD family living in public housing tower all tested positive. One person passed away, multiple extended family members hospitalised and remaining positive cases at home frightened and struggling to cope with grief and loss.	• CPP team, including social work, supported entire multi-generational family through weeks of collective significant COVID illness, great anxiety, prolonged isolation and grief.

Meal Delivery Services
Local Council Supports
13CABS pick up & deliver anything
Inflatable mattresses to enable families to self-isolate in separate rooms
AHA on-road collecting pulse oximeters for cleaning/re-use
Constant adaptation & problem solving!

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Questions welcome…

Dr Amit Ganguly

Medical Lead COVID +ve Pathways Amit.ganguly@svha.org.au

Meg Marmo & Cath White

Acting HIP Managers Meg.marmo@svha.org.au and Catherine.white@svha.org.au

Natalie Pollard

COVID +ve Pathways Program Manager Natalie.pollard@svha.org.au

Covid Community Pathway (CCP) Support - Outsourcing logistics

Steve Friel - HARP Manager, Alfred Health.

Background

- Alfred Health CCP- COVID Community Pathway located out of Alfred Hospital within HITH governance and operational management.

- Increasing numbers of community covid transmission put additional pressure on the service- CCP support hub created at Caulfield Hospital Site

CCP Support Team
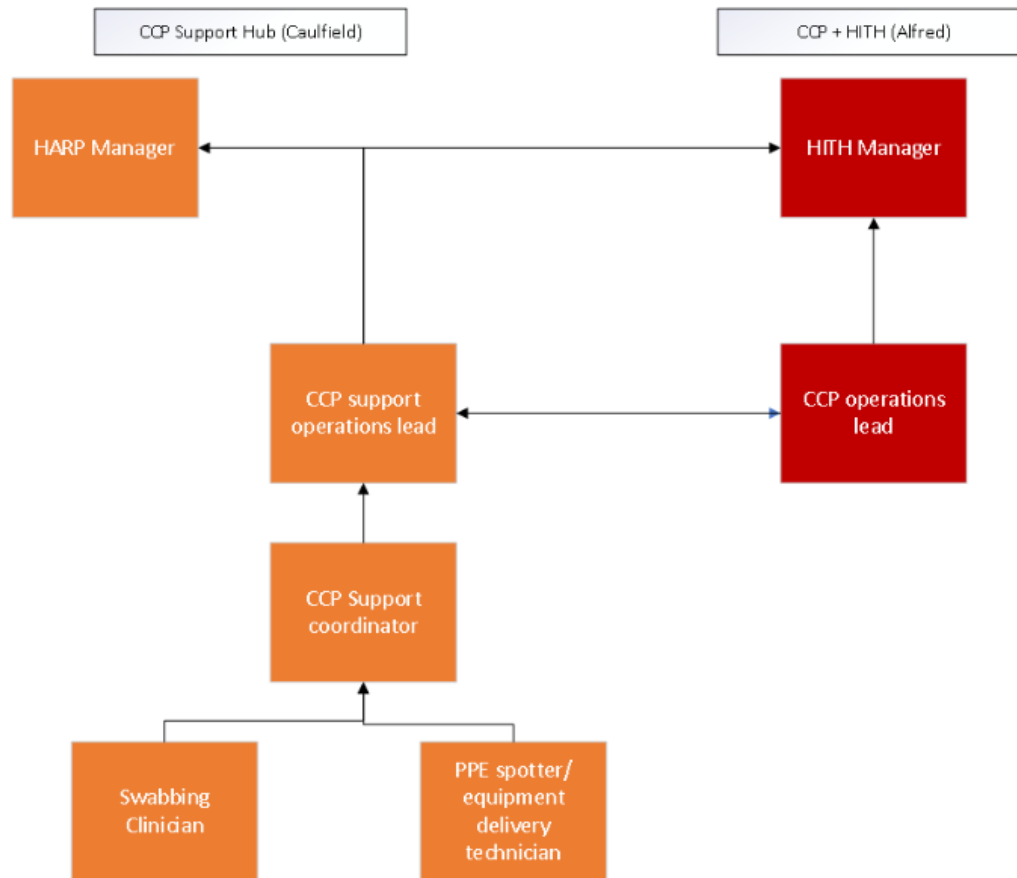
The Problem

- 2-3 redeployed staff required daily to meet demands

- 1 x pack of equipment costs $112 each with poor stock return.
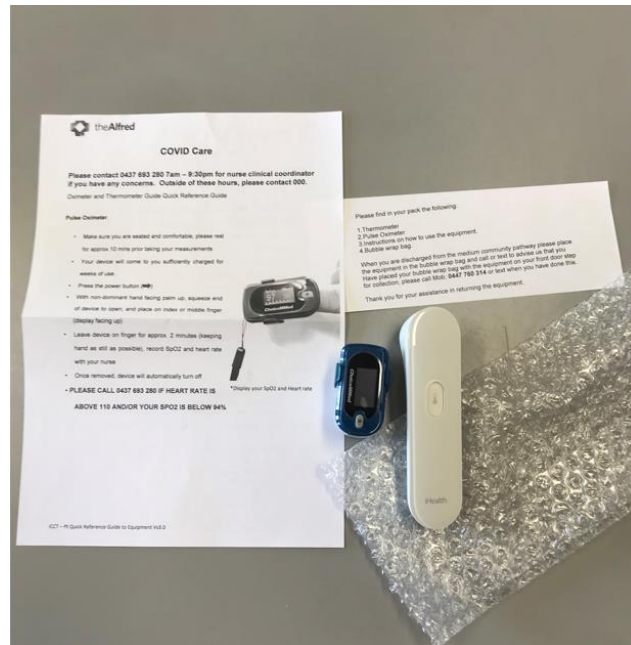
Start Small: PDSA cycle 1

1x patient using cab service

Lessons**:**

Unsustainable cost, no receipt of delivery.

Scope out and sign up courier company for next trial

Expand the trial: PDSA cycle 2

Trial courier service in small batches on different shifts + monitor cost and delivery time

Expand to cross campus- Alfred vs Caulfield

Transition to Alfred site

Lessons:

Communication and training for staff using service

Screening for couriers at Hospital entrances

The Solution: Reply paid pick up

Outsourced drop off and pick up: PDSA cycle 3

- Current trial of reply paid envelope return of all equipment combined with courier drop off

Lessons:

- Automated reminders- Text messaging

- Adequate labelling of reply paid envelopes

- Shortage of supplies

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Key Messages

- Start small and build up- PDSA cycles and learning lessons from evaluation

- Courier service cost effective supplement to ensure timely delivery of monitoring equipment for covid community pathway

Questions

Please type your question in the chat

COVID Clinical Shared Resources

- Secure site for sharing, with permission, health service developed COVID-19 resources

- To register for access and to share resources contact centresofclinicalexcellence@safercare.vic.gov.au.

Resources

- Learning Network webinar recordings and slides
  https://www.bettersafercare.vic.gov.au/support-training/learning-networks/covid-pathways

- Department of Health COVID-19 clinical guidance and resources
  https://www.health.vic.gov.au/covid-19/for-health-services-and-professionals-covid-19

Survey

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

[Survey](#)

Get in contact

- To register for future webinars email us: centresofclinicalexcellence@safercare.vic.gov.au

- If you have specific questions relating to the COVID+ Pathways please email the Department of Health at covid+pathways@health.vic.gov.au