# COVID + Learning Network Webinar Questions

OFFICIAL

## The time is now: Managing patient flow

## Questions and Answers

**Q1: What support has been provided to GP's? They are appropriately very reluctant to see COVID positive patients because of the risk of being furloughed. There is a significant risk in the regional and rural practice when a township may lose its practice.**
A: The COVID + Pathway work has RACGP involved to ensure risks are mitigated and that they are supported as part of a system. There is also regional representation in this group.
The RACGP forum this evening will have some conversations about that. Through workshops and working groups we will be able to understand the different workflows and how that would look in a regional setting and link back into some of the metropolitan resources to support in the event that happens. Whether it's a GP or any workforce profession, that has been a pretty standard support from the Department of Health (DH) as the pandemic has gone on.

**Q2: How are GP's to be fit tested. Who will pay the $2 for every P95?**
A: Primary Health Network's manage and can provide PPE to GP's. See more information here.

**Q3: What is going to be the definition of fully vaccinated going forward?**
A: The DH COVID + Pathway Taskforce membership endorsed a working group to ensure there is some clarity around when things change whether it's vaccination or age-related or what the international evidence that comes through says. How do we get on top of that risk stratification and clinical criteria to ensure the person is in the right pathway? As time goes on and with the third vaccination now, we will have to revise and review and surely implement the third vaccination into our pathways particularly self-care and low. That will be evolving and continuous.

**Q4: What are the strategies for patients who are not keen to engage in the pathways?**
A: It's a good question and again it's continuous improvement. People who test positive to COVID-19 are given every opportunity through multiple phone calls from public health and through the pathways to engage. There are some people who just won't engage for various reasons. It's important that we have every safety met around them but at times there will have to be a level of understanding that we won't get everyone enrolled. Importantly, when the phone calls are made, we must be able to ensure if people opt out then we have got that documented. That came up from a regional health service yesterday so there is some work being done in the metro areas so that we standardise across the state to ensure we have a level of documentation to say that person has opted out of the pathways. It is still continuous and ongoing. How do families and neighbours support each other when someone has COVID is something we need to be able to live with.
The HealthDirect GP Working Group will also be ensuring this is taken into consideration. GP's, respiratory clinics, community health orgs and health services are all in the mix to ensure that care is provided.

**Q5: Regionally, the HITH resourcing is quite different to metropolitan. Are there strategic plans to bolster regional HITH models?**
A: DH will follow this question up individually via email.

**Q6: Does the HealthDirect working group relate to pilot sites or is this an overarching group?**
A: The COVID + Pathway work includes sector wide representation to ensure it can be applied statewide.

**Q7: If there are multiple options for patients in the selfcare pathway why is this not included in the information in the links?**
A: As the self-care pathway goes live tomorrow you will see the links contain that content as of tomorrow.

**Q8: Did Peninsula Health see that patients going to public Residential Aged Care Facilities (RACF's) took much longer to get admission than private even when a bed is available?**
A: We haven't narrowed it down to facility level, but we haven't had any specific feedback about different facilities. We can look into putting this into our analysis going forward.

**Q9: Did Peninsula Health have any issues with blockages related to GP's not having capacity to take on additional patients in RACF's or is your model not dependent on GPs?**
A: I couldn't say if that is a specific issue as we have been looking at quite high level and general COVID related things such as access and staff being furloughed.

**Q10: Could you tell us a little bit more about the other initiatives that the ED Timely Care is working on and the other partners?**
A: There are 6 services involved including: Peninsula Health, Goulburn Valley, Ballarat Health Service, the Royal Melbourne Hospital, Eastern Health and St Vincent's.

We focus on two main concepts which revolve around medical readiness criteria, determining when patients are ready to go home aligned with specific patient streams as well as looking at unnecessary bed days so why is it that when patients are medically ready to go home but don't actually go home? There are a lot of psychosocial issues that patients when they're admitted to hospital seem to go unaddressed until we identify them at the point of discharge. Many of our other 5 health services are focusing on different patient streams but along those optimisations looking at what happens during their patient journey which perhaps doesn't need to happen or could be started much earlier, so the patient is medically and psychologically fit for discharge at the same time, hopefully carving a number of days off their length of stay and increasing our hospital capacity.

**Q11: If people want to learn more or get engaged with the Timely Care Collaborative, how do they do that?**
A: You can reach out to the SCV team and at the end of the collaborative we will be providing a summary for the state as per all the learnings that come out of Safer Care Victoria along with different briefing's coming through as well including ministerial events and other documentation.

Timely care updates will also go out through the Improvement and Innovation Advisors located at 32 locations across the state.
Please email: timelycare@safercare.vic.gov.au if you would like to get involved.

**Q12: Can you give us an update on what the plans are for Victoria to have more joined up data?**
A: Amit and I (Shannon) caught up very early in the piece and spoke about the work NSW has done. We all want an integrated data system, but the way forward is to understand where the different data sources are coming from and bring them together. We've spoken in the Taskforce about an evaluation piece and there are many people trying to do bits of evaluation. The health services, there is no doubt that looking at some research and papers around that, we've got Department of Health data, we've got TREVI data so trying to bring that all together.

The plan is to bring the right people into the mix and at the table to have an integration of data and many connected points. We just don't have that at this point, there are many conversations about how to join up the EMR work. We've been trying to work with TREVI, particularly HealthDirect and plug in systems and applications.

It's right up the top of the priority list and very happy to connect and bring the learnings together and maybe HealthDirect will help us do that a little bit better with a national way of doing things.

**Q13: There seems to be a lack of collaboration between NSW and Victoria. What are the plans to work now much more collaboratively with NSW to get ideas from each other, so we get the best of both systems?**
A: I (Amit) have been discussing a lot with Shannon and I used to think that technology is not the barrier and what are people talking about? And the restrictions and data sharing and the concepts of interoperability have moved on from having a single EMR space long ago even though we have a lot of people who think we need a single EMR to do this.

The biggest barriers to data sharing is us ourselves. I always think you have multiple domains where people have their own reasons to hold onto this data and they want their large datasets. We have seen that with research for years now.

I do the statewide sepsis algorithms and we always face this data sharing issue. Our health systems across Australia collect the same data points and data definitions for at least 60% of the time. We could easily do something like this as long as we have the right people and the right mentality in the right positions to overcome these barriers. I think it is human barriers we need to overcome and a lot of conflicts of interest.

I'm not saying it has been easy in NSW itself we've used the patient flow portal for a while, and we are going to use this with our chronic disease management across the state. Most of our virtual care platforms are sitting on top of our portal and we can just spread it across at scale, but I think getting those barriers would be the first thing for Victoria and Australia in general.

**Q14: NSW Health uses solo EMR doesn't it? Cerner PowerPoint from memory? Not the same here in Vic**
A: No, we have three EMR multiple versions of Cerner which are not interoperable. We use the central integration layer.