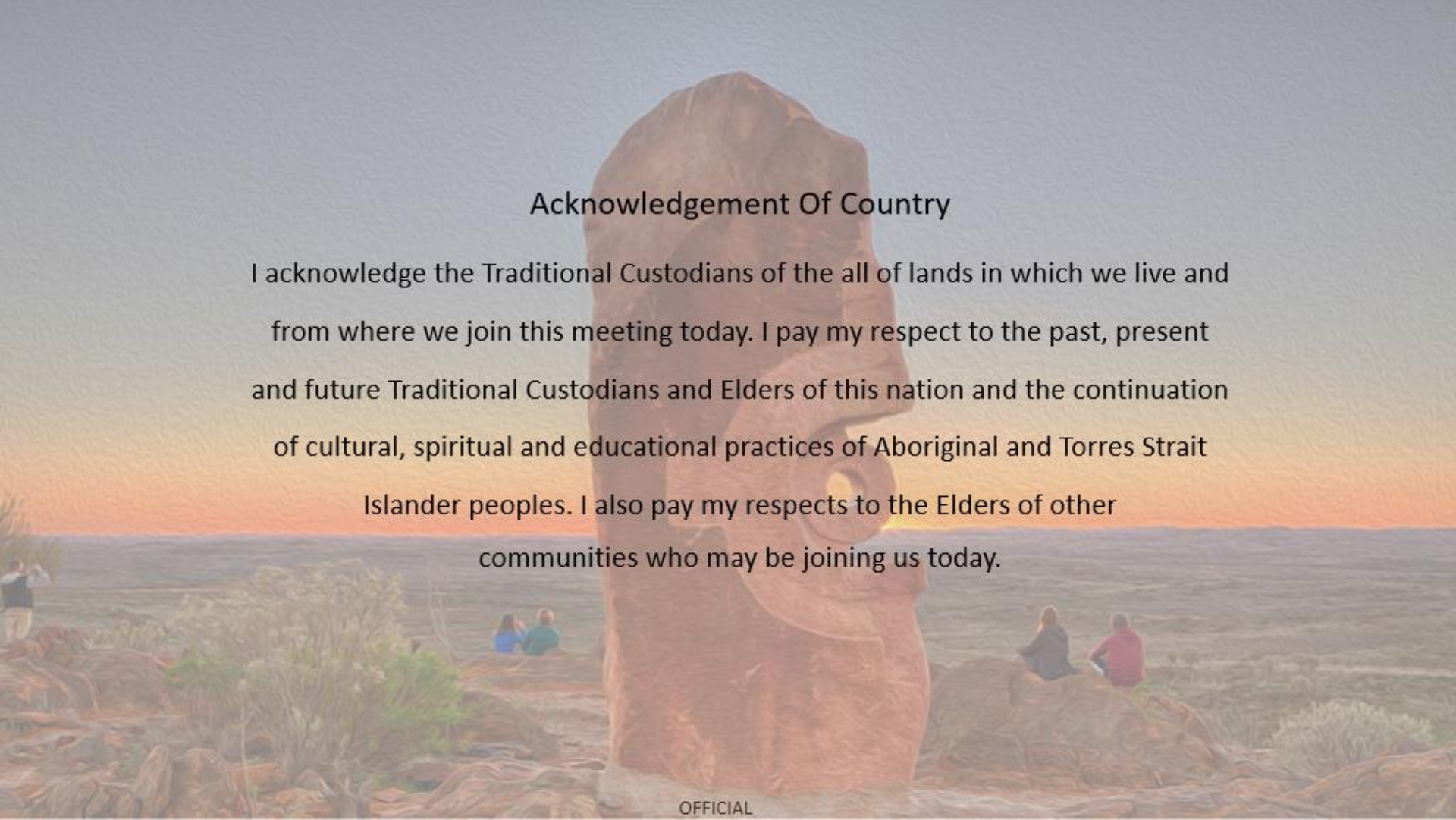


Wednesday 30 March, 2022

COVID+ Pathway Learning Network webinar series

Webinar 18: Supporting culturally safe care and formalising shared care arrangements for COVID positive Aboriginal and Torres Strait Islander people

OFFICIAL



Acknowledgement Of Country

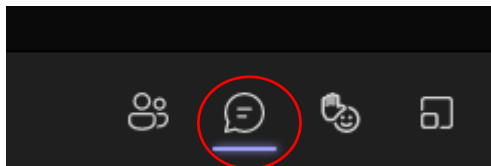
I acknowledge the Traditional Custodians of the all of lands in which we live and from where we join this meeting today. I pay my respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal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

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>



26-27 May

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Overview

Topic	Presenter
COVID+ Pathway update	Shannon Wight, <i>Executive Director, COVID+ Pathways</i>

Questions

Supporting culturally safe care and formalising shared care arrangements for COVID positive Aboriginal and Torres Strait Islander people	Matthew Lloyd, <i>Deputy Chief Aboriginal Health Adviser</i>
Working with and for Aboriginal and Torres Strait Islander people in the Loddon Mallee	Dr Bruce Bolam, <i>Director, Loddon-Mallee Public Health Unit</i>

COVID+ Pathways update

Shannon Wight

Executive Director, COVID+ Pathways

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COVID Positive Pathways

Program Update

30th March 2022



Department
of Health

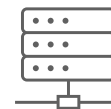
C+P Program update

Right care, right place

1

Refined self care criteria to align with analysis outcomes of Victorian data on hospitalisation risk in the setting of Omicron/BA2 and clinical consensus. Changes include:

- Age **increased** from 60 to 65 years old.
- **Inclusion** of cohorts who are not up-to-date with vaccination such as <40yo, children ≥1 month and pregnant women in their first trimester.



Early Therapies

2

Synergies between the C+P Program and early therapy interventions resulted in the program establishing an Early Therapies Working Group. Current priorities include updating the prioritisation matrix for distribution, access for exceptional cases and **planning and implementation of Evusheld prophylaxis** for a subset of stem cell, heart and lung transplant patients.



Workforce

3

Priority need now across the system to ensure healthcare workforce are where they are most needed. The C+P program will continue to **support this recovery** with ongoing third party workforce for intake assessments across Victoria and continue to refine the program model to ensure appropriate care in the most appropriate setting for acuity and assist the reallocation of hospital workforce back to doing core business.



COVID+ Pathways Dashboard

Active COVID-19 cases

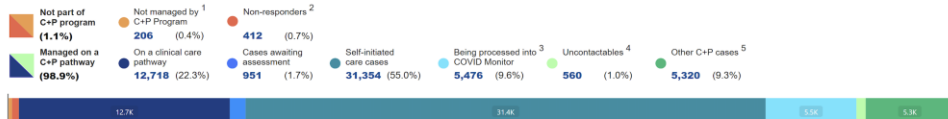
Total active COVID-19 cases in Victoria

56,997

Total active COVID-19 cases managed under the COVID+ Pathways Program

56,379 (98.9%)

Breakdown of total active COVID-19 cases in Victoria by COVID+ Pathways care



New COVID+ Pathway cases

New cases referred to C+P in past 24 hours (PCR and rapid antigen tests)

8,608 (15.1%)

Confirmed COVID-19 PCR cases in past 24 hours (% of C+P cases)

2,217 (25.8%)

Probable COVID-19 RAT cases in past 24 hours (% new C+P cases)

6,391 (74.2%)

Unresponsive to contact

Non-responders ²: No response to initial survey triage SMS prioritisation for +72 hours, unknown case risk

412 (0.7%)

Prioritisation of COVID+ Pathway cases (at TREVI Survey Triage Allocation)

P1a-STA ⁶ COVID-19 cases referred in past 24 hours

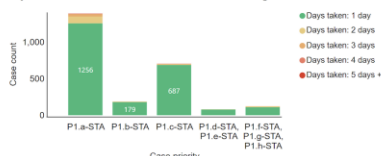
985 (1.7%)

Prioritisation of active COVID-19 cases

Priority cases	Cases awaiting clinical intake assessment	Clinically assessed cases	Cases contacted (%)	Total cases
P1a-STA	299	1,468	83.1%	1,767
P1 other-STA	132	1,131	89.5%	1,263
P2-STA ⁷	514	3,138	85.9%	3,652

P3-STA ⁸	2,988
P4-STA ⁸	1,351
Paediatric cases	3,654

Days taken to assess P1-STA COVID-19 cases for care management ⁹



Definition of P1 priority cases:

P1a-STA: Cases with severe symptoms
P1b-STA: Comorbidities + moderate symptoms
P1c-STA: ≥75 or ≤1m
P1d-STA: ≥60 and <75 not vaccinated
P1e-STA: ≥50 and <60 not vaccinated
P1f-STA: Pregnant and postnatal high risk
P1g-STA: Disability in SDA
P1h-STA: Aboriginal and Torres Strait Islander people

Allocation of cases to a care pathway

Active COVID-19 cases assessed and on a clinically-governed care pathway

12,718 (22.3%)

Cleared and other COVID-19 cases remaining on a clinically-governed care pathway

2,175

Cases on a clinically-governed care pathway

COVID-19 care pathway	Active cases under care	Cleared and other cases under care (% of total cleared and other cases)
High care ¹⁰	39 (0.3%)	19 (0.9%)
Medium care ¹¹	5,264 (41.4%)	2,123 (97.6%)
Low care ¹²	7,415 (58.3%)	33 (1.5%)

Self-initiated care active COVID-19 cases

31,354 (55.0%)

Uncontactables ⁴: Lost contact with high priority cases prior to care pathway allocation

560 (1.0%)

Survey Triage Allocation to clinically governed care pathway



Data observations:

- 98.9%** of all active cases are currently being managed on a C+P pathway.
- 0.4%** of individuals that are not on a pathway are a mix of non-responders and those in Commonwealth Managed facilities such as Aged Care and Justice facilities.
- 55%** of individuals are currently managed on a C+P are in self-initiated care.
- 12,718** cases have been clinically assessed and are on a clinical care pathway:
 - 16.8%** of total active cases have been assessed as needing a Low Care Pathway.
 - 8.3%** of active cases are currently on a Medium Care Pathway.
 - 0.1%** (or 32 cases) are currently being managed on a High Care Pathway.

Thank You



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Questions

Please type your question in the chat

Presentations

Supporting culturally safe care and formalising shared care arrangements for COVID positive Aboriginal and/or Torres Strait Islander people

Safer Care Victoria COVID Positive Pathways Learning Network
30 March 2022



Department
of Health

Purpose:

To highlight the role of ACCHOs in caring and supporting COVID+ Aboriginal people and supporting culturally safe care

To improve shared care arrangements between mainstream and ACCHO services in providing care to COVID+ Aboriginal people

Themes

- Success of the Aboriginal community in managing COVID-19
- The Aboriginal Community Controlled Sector
- Changes to the COVID+ Pathway for Aboriginal and Torres Strait Islander People
- Discussion: Aboriginal identification, relationships and understanding at the local level

Success of the Aboriginal community in managing COVID-19

Key foundations for success

- Aboriginal ways of knowing, being and doing
- Aboriginal Community Controlled Organisations relationality and trust with their local communities
- Transforming Power – Aboriginal and Torres Strait Islander Self-Determination
- Communication – listening and open (accessible) communications

Achievements to date

- High vaccination rates in the Victorian Aboriginal and broader community
- Low mortality in Aboriginal communities
- Increasing recognition of the role of ACCOs within the broader health system
- Improved engagement, relationships and partnership with the broader health care system

Aboriginal Community Controlled Sector



Changes to the COVID+ Pathway for Aboriginal and Torres Strait Islander People

Objectives

- 01 Provide culturally safe care to Aboriginal and Torres Strait Islander people.
- 02 Establish/formalise a shared-care model between mainstream health services and Aboriginal health services.

Formalising shared care arrangements

- All people who have identified as Aboriginal will be offered the opportunity to receive their care and/or social support from an ACCHO to support culturally safe care.
- Health service partnerships and ACCHOs will formalise shared care arrangements within the pathway, agreeing on the role of ACCHOs within the pathway.
- ACCHOs may provide clinical care and/or social, cultural, spiritual and welfare support.
- The level of clinical care provision provided by an ACCHO within the pathway will be dependent on their service capability.
- Health service partnerships and ACCHOs will develop local referral, shared care, escalation and discharge processes based on agreed roles and capability.
- An **implementation checklist** has been developed to support development and implementation of the pathway.

Changes in workflow

- **Automatic prioritisation** of individuals who have identified as Aboriginal as P1 for an assessment call to provide:
 - **opportunity for individual to be linked to an ACCHO for care and/or support.**
 - **timely assessment for medications as prioritised in the Victorian Prioritisation of COVID-19 medications guide.**
- **Adaption of triage assessment** intake to incorporate questions that can be applied nationally if required:
 1. **Are you currently linked with a local Aboriginal co-op or local medical Aboriginal service?**
 2. **Would you like to receive your care from a local Aboriginal co-op or local medical Aboriginal service?**
- **Regular operational meetings** between health services and local ACCHOs to identify Aboriginal people who may have not identified via webform/surveys and facilitate shared care arrangements.

Development of pathway

- As part of the refinement of the COVID Positive Pathway program there was consensus that a **pathway for Aboriginal people** be developed to support culturally safe care.
- The Victorian Aboriginal Community Controlled Health Organisation and Department of Health recommended the development of a pathway for Aboriginal people as a **pilot in Gippsland.**
- Supported by Gippsland **mainstream and Aboriginal health services.**
- Working group developed the pathway during **November 2021 to January 2022.**
- **Working group included:** Aboriginal Community Controlled Health Org (**ACCHOs**): Gippsland and East Gippsland Aboriginal Cooperative, Lakes Entrance Aboriginal Health Association, Mooloolah Aboriginal Council East Gippsland & Ramahyuck Aboriginal District Aboriginal Corporation; **Department of Health:** Aboriginal Health & COVID Positive Pathways teams; Gippsland **Primary Health Network (PHN)**; Gippsland **Public Health Unit / Health Service Partnership**; Latrobe Regional Hospital: **Aboriginal Cultural Support Officers**; Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**).

Thank You

COVID Positive Pathways website: www.coronavirus.vic.gov.au/covid-positive-pathways

COVID-19 information for Aboriginal and Torres Strait Islander communities:
www.coronavirus.vic.gov.au/coronavirus-information-aboriginal-and-torres-strait-islander-communities

COVID positive Pathways email: covid+pathways@health.vic.gov.au

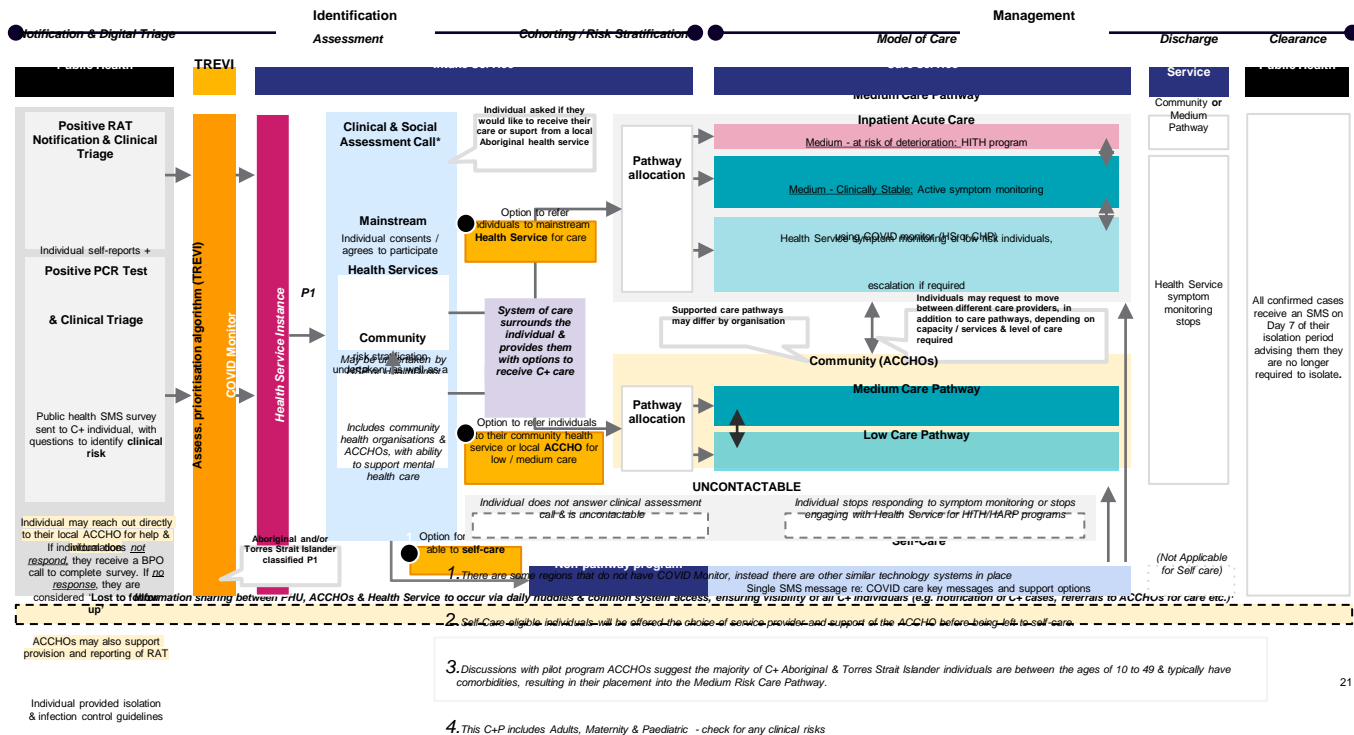


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COVID Positive Pathway: Aboriginal & Torres Strait Islander Individuals

Co-developed with the working group - Recommended pathway and self-care process from working group

Being implemented in Gippsland



Working with and for Aboriginal and Torres Strait Islander people in the Loddon Mallee

Dr Bruce Bolam

Director, Loddon-Mallee Public
Health Unit



Excellent Care. Every Person. Every Time.



Acknowledgment of Country

I would like to acknowledge that I am meeting with you on Dja Dja Wurrung Country and pay my respects to the people who are the Traditional Custodians of the land. I would also like to pay my respects to Elders past, present and emerging.



Closing the COVID-19 gap

- Higher risk of exposure/infection, higher risk of severe disease, greater barriers to care
- Significant outbreaks in population centres, with a major delta outbreak on the Murray river
- But it could have been a lot worse
 - Low level of infection in 60+ years
 - Around 1.9% hospitalised
 - No reported deaths

How?

- Strong communities and ACCHOs supported good vaccination rates
 - cases and outbreaks provided urgency
- Community in the driving seat
 - ACCHOs and elders taking the lead, crossing organisational boundaries
- Public health providing technical advice and practical support in the background
 - epidemiology and intelligence sharing
 - outbreak management
 - helping broker organisational, workforce, accommodation & relief supports



Questions

Please type your question in the chat

Get in contact

- Please complete our poll questions that will appear on your screen or in the chat
- To register for future webinars email us:
centresofclinicaexcellence@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

Resources

- [Learning Network webinar recordings and slides](#)
- COVID Clinical Shared Resources SharePoint page - Secure site for sharing, with permission, health service developed COVID-19 resources.
 - To register for access and to share resources contact centresofclinicaexcellence@safercare.vic.gov.au
- [Department of Health COVID-19 clinical guidance and resources](#)

Accessibility statement and publisher information

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