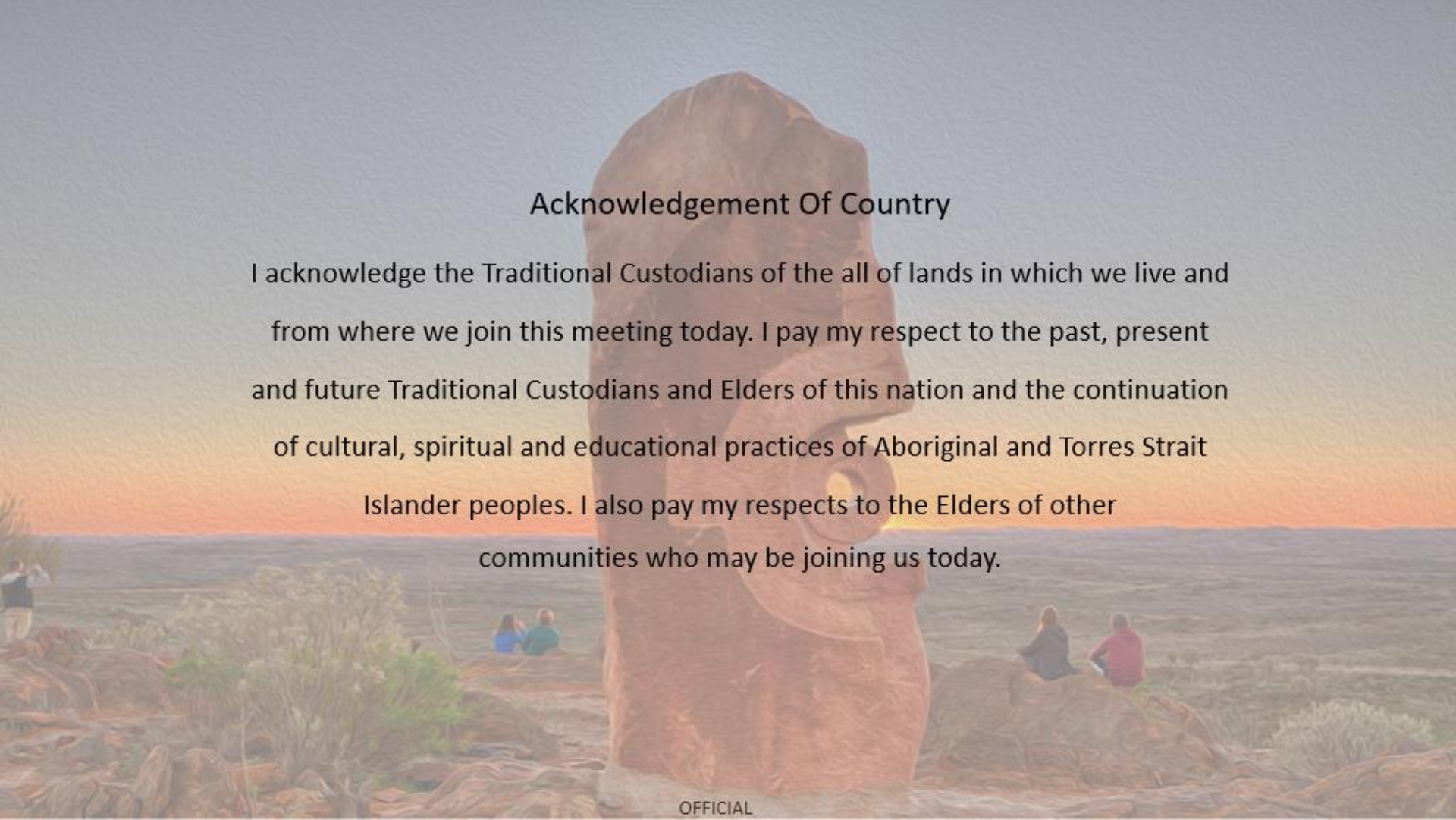


2022

COVID + Pathway Learning Network webinar series

Webinar : COVID+ Pathways updates &
Allied Health addressing long covid in Victoria

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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.

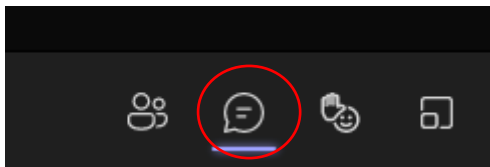
Webinar series purpose

- 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.



26-27 May

Reflect
Reimagine
Revive



Breakfast Sessions: Thursday 26 May 2022

Hospitals without walls

Improving emergency and critical care response through digital innovation.

People Centred Care

Advanced Care Planning: How well does it work in the real world?

Equity of access to healthcare

Learnings and initiatives to improve equitable access to healthcare for vulnerable and disadvantaged population groups.

Breakfast Sessions: Friday 27 May 2022

Hospitals without walls

Hybrid models of care; the good, the bad, and the... opportunity

People Centred Care

Shared decision making

Workforce Reimagined

Overview

Topic	Presenter
COVID+ Pathways update – Early Therapies	Laura Hewett, <i>Principal Policy Officer, COVID+ Pathways Program</i>
COVID+ Pathways update – GP Respiratory Clinics	Abbey Howe, <i>Director, Commissioning and Systems Improvement</i> Amy Durmanic, <i>Principal Policy Adviser</i>
Questions	Facilitated by Briana Baass <i>Participated in by all (please post questions in chat throughout)</i>
AHPs & Long COVID-19	Briana Baass, <i>CAHO, SCV</i>
Alfred Health Update on Long COVID	Janet Bondarenko, <i>Senior Respiratory Physiotherapist, Alfred Health</i>
Allied Health Long COVID-19 Clinic	Jo Wrench, <i>Manager of Psychology, Austin Health</i> Leigh Seidel Marks, <i>Clinic Lead, Recovery Post-Acute Covid Service, Austin Health</i>
Questions	Facilitated by Briana Baass <i>Participated in by all (please post questions in chat throughout)</i>

COVID + Pathways update – Early Therapies

Laura Hewett, *Principal Policy Officer, COVID+ Pathways Program*

Covid Positive Pathways Program Update: COVID-19 Medications

May 2022

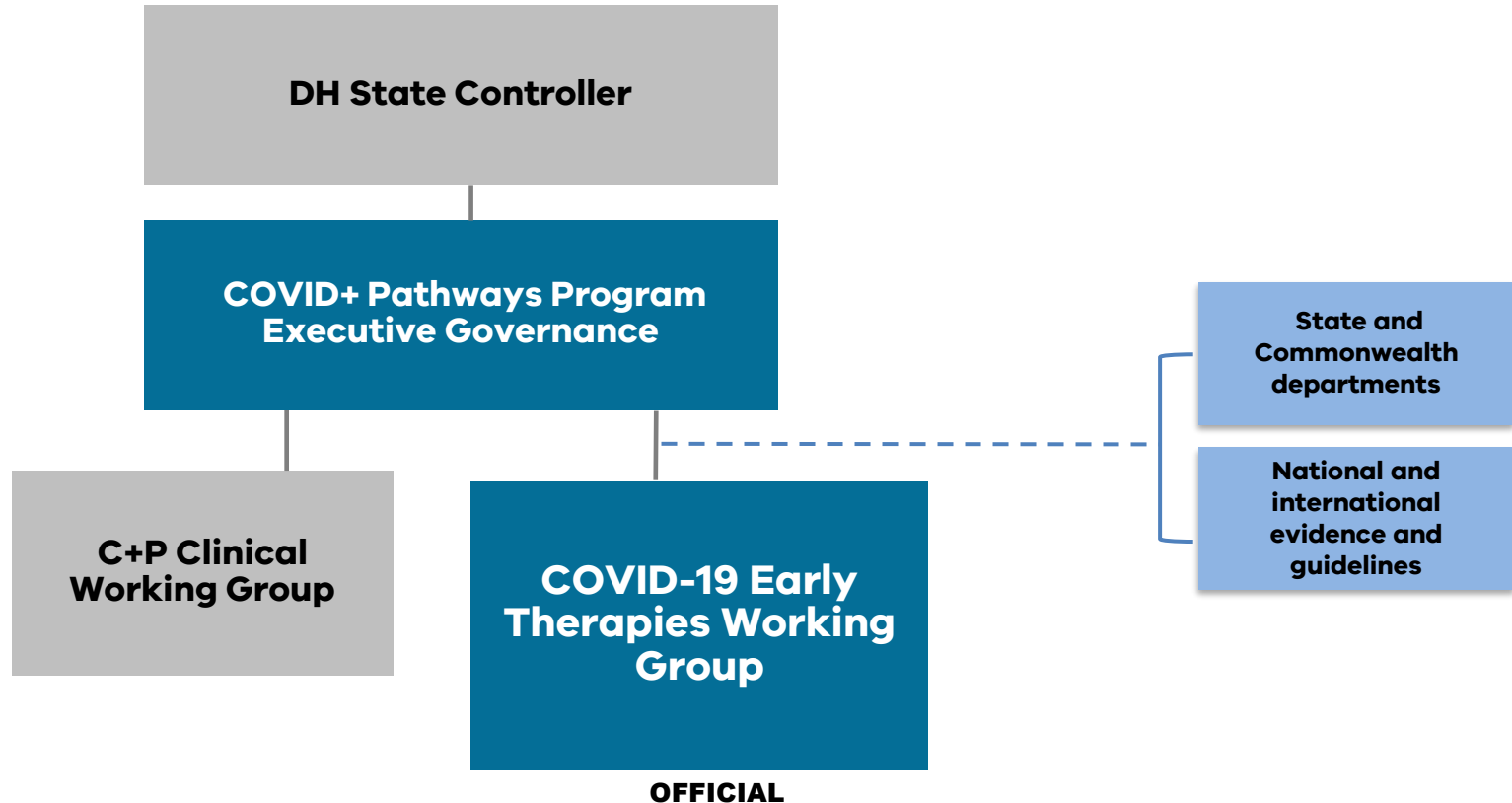
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Department COVID-19 medications governance



COVID-19 early therapies

- There are a range of medications provisionally approved by the TGA available in Victoria
- Access for patients through hospitals (National Medical Stockpile) or the PBS:

Hospital medications

nirmatrelvir and ritonavir (Paxlovid™)
remdesivir (Veklury™)
molnupiravir (Lagevrio™)
sotrovimab (Xevudy™)
casirivimab plus imdevimab (Ronapreve™)

PBS medications

nirmatrelvir and ritonavir (Paxlovid™)
molnupiravir (Lagevrio™)

- Treatment goal is to prevent severe disease in high risk people with COVID-19 early in their illness

Early therapies key areas of focus

Resources to support prescribing

- Website
- Prioritisation matrix
- Clinical-decision making guidance
- Fact sheet for referrers
- Prescriber helpline

Improving access to care

- Special settings
- Exceptional cases
- Community pharmacy
- Consumer communications (planned)

Eligibility and access to NMS medications

Risk factors:	Category:	Prioritisation		
	Age (years)	Priority Group 1	Priority Group 2	Priority Group 3
Immunosuppressed	≥12			
Unvaccinated	≥80			
	65-80			
	12-64			At least one high risk comorbidity
Vaccination status: Not up-to-date	≥80		At least one high risk comorbidity	
	65-80			At least one high risk comorbidity
	12-64			
Vaccination status: Up-to-date	≥80			At least one high risk comorbidity
	65-80			At least one high risk comorbidity
	18-64			
Pregnancy (>13 weeks)			Unvaccinated or Not up-to-date with at least one high risk comorbidity	Not up-to-date
Aboriginal and Torres Strait Islanders	≥50		Unvaccinated or Not up-to-date with at least one comorbidity	Not up-to-date

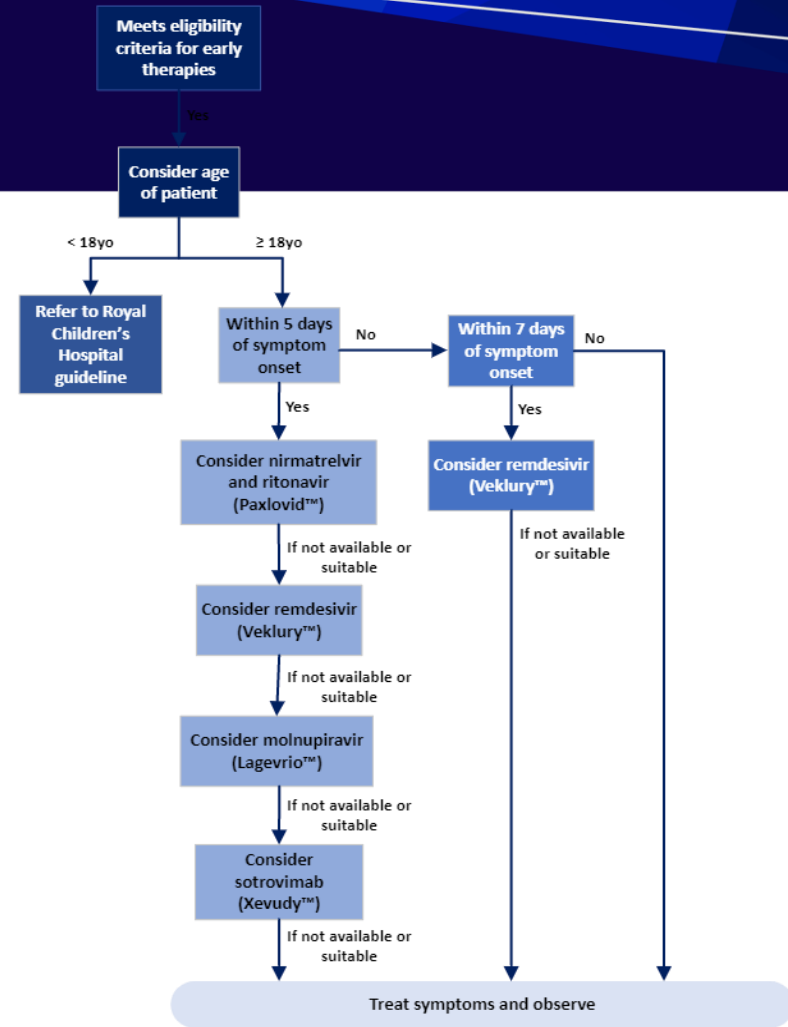
- **Prioritisation matrix** guides NMS eligibility and resource allocation in health services and justice settings
- Supply and **requests to access** coordinated through Alfred Health
- **Early therapies – factsheet for referrers** has statewide contact details for hospitals administering early therapies

Eligibility and access to NMS medications

- Guidance adapted to allow for use by clinicians treating patients with **exceptional circumstances** who would otherwise not be eligible
- **Access allowed when:**
 - the patient's case has been discussed with two senior physicians experienced in the management of COVID-19 (at least one of which is an infectious disease physician where available) and
 - there is consensus that the treatment is clinically indicated.

Clinical-decision making guidance

- Published to support early therapy prescribing in hospital and community settings
- Includes key information on administration, timing, precautions and contraindications and links to further information
- Links to RCH guidance for paediatrics



Paxlovid™ is not suitable if a patient has any of the following:

- Severe renal (eGFR < 30ml/min) or liver impairment (Child Pugh Class C)
- < 40kg
- Unable to swallow tablets
- Pregnancy
- Hypersensitive to active ingredients
- > 5 days since symptom onset

Common medications which interact - coadministration not recommended:

Amiodarone	Midazolam (oral)
Bosentan	Pethidine
Carbamazepine	Phenobarbitone
Ciclosporin	Primidone
Clozapine	Phenytoin
Clonazepam	Quetiapine
Colchicine	Rifampicin
Disopyramide	Sildenafil (pulmonary hypertension)
Dronedarone	Sirolimus
Enzalutamide	St John's Wort
Eplerenone	Tacrolimus
Flecainide	Tadalafil
Ivabradine	

List not exhaustive

Take a thorough medication history:

- Check if the patient uses a compliance aid and who fills it e.g. patient, carer, pharmacy
 - Gather full medication list including prescribed, over-the-counter, supplementary/herbal medications and any illicit/recreational drugs
 - Check for interactions
 - Seek pharmacist advice if required
- <https://www.covid19druginteractions.org/checker>
(or Paxlovid™ product information if not listed)

Common medications with interactions - may be appropriate if withheld for 8 days or dose adjusted:

Alfuzosin	Rivaroxaban
Apixaban	Rosuvastatin
Atorvastatin	Salmeterol
Diazepam	Simvastatin
Domperidone	Ticagrelor
Lercanidipine	

List not exhaustive

Medications with no known interactions:

ACE inhibitors	Inhalers (except salmeterol)
Acid reducing agents (antacids, PPIs and H2RAs)	Insulin
Aspirin	Levothyroxine
Azathioprine	Metformin
Beta Blockers	Methotrexate
Contraceptives/HRT	Monoclonal antibodies (MABs)
Corticosteroids (oral/inhaled/topical)	Mycophenolate
Flustatin	NSAIDs (except piroxicam)
Frusemide	Pravastatin
Gabapentin	Pregabalin
Immunoglobulin	

List not exhaustive

Consider if the following can be done safely and is suitable based on the specific drug interaction:

- Can interacting regular medicines be safely withheld for 8 days (treatment time + 3)
- Can interacting medication be safely dose adjusted?
- Is monitoring for adverse reactions when interacting medicines are used concurrently possible?

NO

YES

Consent and prescribe

Consent patient or medical treatment decision maker and prescribe dose based on renal function

If eGFR 30-60ml/min:
Nirmatrelvir 150mg (1 x 150mg) + ritonavir 100mg
BD for 5 days

If eGFR ≥ 60ml/min:
Nirmatrelvir 300mg (2 x 150mg) + ritonavir 100mg
BD for 5 days

If Paxlovid™ is not suitable consider other early therapies based on precautions, contraindications, efficacy and availability

Victorian COVID Therapies PBS Prescriber Helpline

- Pharmacy helpline launched 18 May to support GPs in the prescription of oral antivirals nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™)
- Staffed by Alfred Health pharmacists experienced in prescribing COVID-19 early therapies
- 7 days a week 8am-5pm
- (03) 8290 3801

Consumer communications

- Website content in development to support consumer self-identification of eligibility for PBS therapies
- Will be linked to on DH messaging early in COVID journey
- Can be used as part of socials to support increased awareness in the community and support conversations ahead of a diagnosis

COVID-19 pre-exposure prophylaxis - Evusheld™

- Only one medication currently appropriate for pre-exposure prophylaxis which is provisionally approved by the TGA available in Victoria - tixagevimab and cilgavimab (Evusheld™)
- Access for patients through hospitals (National Medical Stockpile) only
- Treatment goal is to prevent COVID-19 infection in people with moderate-severe immune compromise (or for whom vaccination not recommended due to adverse reaction)

Victorian Evusheld™ eligibility

- Heart/lung transplant recipients
- STEM Cell Transplant or CAR T-cell therapy recipients within 12 months OR STEM Cell recipients with GVHD OR still requiring significant ongoing immunosuppression for other reasons
- Kidney (+/- pancreas) or liver transplant recipients within 12 months OR requiring therapy for acute rejection OR still requiring significant ongoing suppression for other reasons

Evusheld™ key areas of focus

Resources to support prescribing

- Website
- FAQ for clinicians
- Patient fact sheet

Improving access to care

- Working with health services to identify and troubleshoot barriers and enablers to delivery
- Review of eligibility criteria

Further information

<https://www.health.vic.gov.au/covid-19/vaccines-and-medications-in-patients-with-covid-19>

covid+pathways@health.vic.gov.au

GP Respiratory Clinics – Expansion of state clinics to delivering COVID care

Abbey Howe, *Director, Commissioning and Systems Improvement*

Amy Durmanic, *Principal Policy Adviser*

GP Respiratory Clinics

Update

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Overview

GP respiratory clinics aim to **reduce the demand on hospitals**, by providing an **accessible alternative** for people to access **respiratory assessments and care**, close to where they live



Key features

- ▶ **Open after hours** - up to 16 hrs a day, 7 days a week,
- ▶ Staffed by **General Practitioner/s and nurses**
- ▶ Available to those **with or without a Medicare card**, at no cost to the patient
- ▶ **Supports people of all ages** (including children) with low acuity respiratory symptoms



Services

- ▶ **Face to face respiratory assessments** (including respiratory pathogen testing)
- ▶ **Short term management of patient's respiratory condition** (with referral back to regular GP or support to identify a practice)
- ▶ Care for people who **test positive to COVID-19** (including via telehealth)

Locations

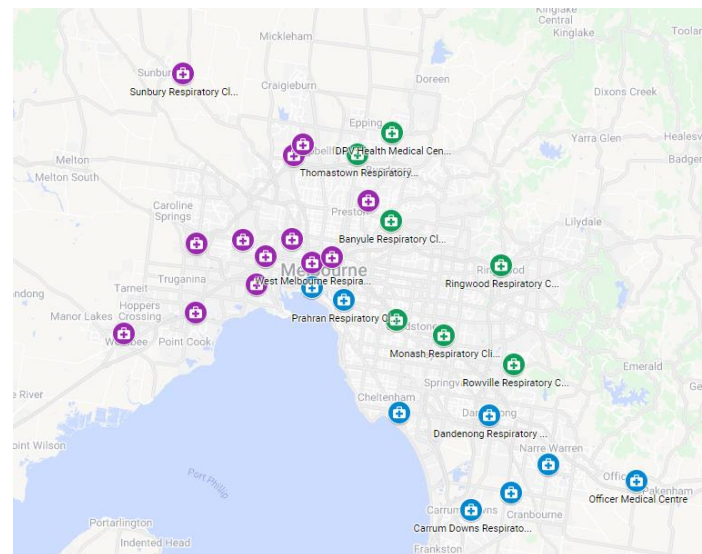
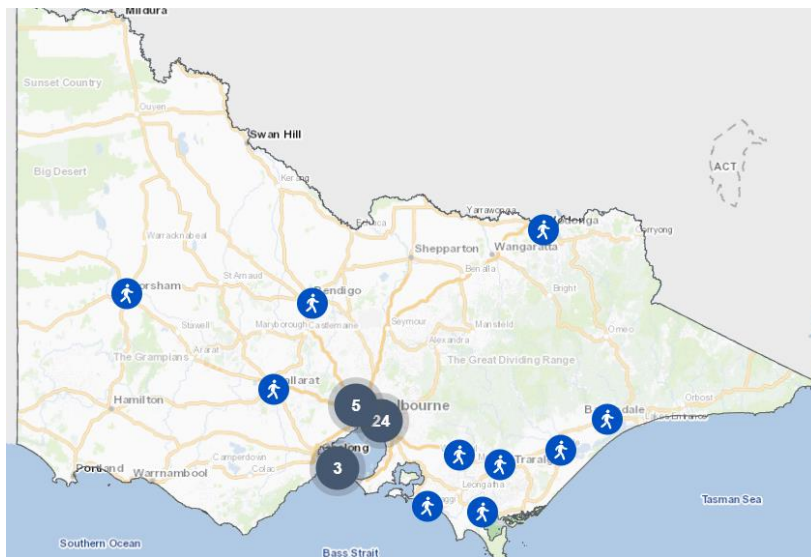
There are 53 State and Commonwealth-funded GP respiratory clinics across Victoria - 45 clinics are currently operational, with the final 8 to open over the coming months

Metropolitan Melbourne

36 clinics (30 open)

Regional Victoria

17 clinics (15 open)



<https://www.coronavirus.vic.gov.au/where-get-tested-covid-19>

OFFICIAL <https://vtphna.org.au/our-work/best-practice-prevention-management-and-support/gp-respiratory-clinics/>

Key benefits for clinicians and patients

GP respiratory clinics provide;

- ✓ **Clinicians with a referral option** for patients who require a **GP-led face to face respiratory assessment** if their service is unable to do so. Clinical assessments are provided - **not just COVID testing**
- ✓ **Short term care for a range of respiratory conditions**, with **patients referred back to their existing GP** or supported to find a new GP if they don't have one.
- ✓ **Care for people with COVID-19** (low acuity)
- ✓ An **alternative** other than an emergency department for people with low acuity conditions.



GP respiratory clinics will play a key role as winter approaches and number of respiratory conditions in the community increases

Key insights (State GPRC data)

Preliminary data indicates;



10% of clients would have accessed an Emergency Department if a GP respiratory clinic wasn't available



28% of patients were referred by another primary care provider



25% of patients don't have a regular GP



9% of patients don't have access to Medicare

GP respiratory clinics – locations

	Suburb	GP respiratory clinic name		Suburb	GP respiratory clinic name
1	ALTONA NORTH	Altona North Respiratory Clinic	15	RESERVOIR	East Reservoir Respiratory Clinic
2	ASCOT VALE	Ascot Vale Respiratory Clinic	16	FITZROY	Fitzroy Respiratory Clinic
3	ASHBURTON	Ashburton Respiratory Clinic	17	FOSTER	Foster Respiratory Clinic
4	BAIRNSDALE	Bairnsdale Respiratory Clinic	18	BELMONT	Geelong Respiratory Clinic
5	BALLARAT	Ballarat Respiratory clinic	19	HEIDELBERG	Heidelberg Respiratory Clinic
6	OCEAN GROVE	Bellarine Respiratory Clinic	20	HORSHAM	Horsham Respiratory Clinic
7	SPRING GULLY/ BENDIGO	Bendigo Respiratory Clinic	21	LAVERTON	Laverton Respiratory Clinic
8	BROADMEADOWS	Broadmeadows Respiratory Clinic	22	MENTONE	Mentone Respiratory Clinic
9	CARRUM DOWNS	Carrum Downs Respiratory Clinic	23	MILL PARK	Mill Park Respiratory Clinic
10	NARRE WARREN SOUTH	Casey Respiratory Clinic	24	GLEN WAVERLEY	Monash Respiratory Clinic
11	COOLAROO	Coolaroo Respiratory Clinic	25	MORWELL	Morwell Respiratory Clinic
12	CRANBOURNE	Cranbourne Respiratory Clinic	26	NORTHCOTE	Northcote Respiratory Clinic
13	DANDENONG	Dandenong Respiratory Clinic	27	OFFICER	Officer Respiratory Clinic
14	DERRIMUT	Derrimut Respiratory Clinic	28	PORT MELBOURNE	Port Melbourne Respiratory Clinic

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Open

Still to open

GP respiratory clinics – locations (cont.)

	Suburb	GP respiratory clinic name		Suburb	GP respiratory clinic name
29	PRAHRAN	Prahran Respiratory Clinic	42	WODONGA	Wodonga Respiratory Clinic
30	RINGWOOD	Ringwood Respiratory Clinic	43	WONTHAGGI	Wonthaggi Respiratory Clinic
31	ROSEBUD	Rosebud Respiratory Clinic	44	WERRIBEE	Wyndham Respiratory Clinic
32	ROWVILLE	Rowville Respiratory Clinic	45	MURRUMBEENA	Glen Eira Respiratory Clinic
33	SHEPPARTON	Shepparton Respiratory Clinic	46	HOPPERS CROSSING	Hoppers Crossing Respiratory Clinic
34	SUNBURY	Sunbury Respiratory Clinic	47	LILYDALE	Lilydale Respiratory Clinic
35	SUNSHINE	Sunshine Respiratory Clinic	48	MELTON	Melton Respiratory Clinic
36	THOMASTOWN	Thomastown Respiratory Clinic	49	MILDURA	Mildura Respiratory Clinic
37	WALLAN	Wallan Respiratory Clinic	50	MITCHAM	Mitcham Respiratory Clinic
38	WARRAGUL	Warragul Respiratory Clinic	51	HASTINGS	Hastings Respiratory Clinic
39	SALE	Wellington Respiratory Clinic	52	FRANKSTON	Frankston Respiratory Clinic
40	WEST FOOTSCRAY	West Footscray Respiratory Clinic	53	WARRNAMBOOL	Warrnambool Respiratory Clinic
41	WEST MELBOURNE	West Melbourne Respiratory Clinic			

Map and links to all GP respiratory clinics: <https://www.health.vic.gov.au/covid-19/gp-respiratory-clinics-and-hospital-respiratory-clinics-covid-19>

Questions for COVID+ Pathway Team

Early Therapies: Laura Hewett

GP Respiratory Clinics: Abbey Howe & Amy Durmanic

Please type your question in the chat

Alfred Health Update: Long Covid

Janet Bondarenko, *Senior Respiratory Physiotherapist, Alfred Health*

POST COVID FOLLOW UP

Alfred Health Update

Janet Bondarenko, Senior Respiratory Physiotherapist

Acknowledgement: Professor Anne Holland




the**Alfred**

Part of **Alfred**Health

Alfred Health Model

All patients admitted to Alfred Health with COVID-19
Includes those on HITH/community pathway



Offered opportunity for follow-up at 6-8 weeks post discharge

- Contacted via text/phone
- 'opt-in' service

Non-admitted patients within Alfred catchment able to be referred
by their GP or specialist
postcovidfollowup@Alfred.org.au

Systematic Assessment and Triage

Standardised symptom assessment via phone or REDCap:

- Ongoing symptoms or limitations
- Modified Medical Research Council scale
- HRQOL: EQ-5D
- Hospital Anxiety and Depression scale
- Impact of Events Scale-Revised – PTSD
- Fatigue Assessment Scale
- Weight Loss
- Return to work / study
- Cognitive functioning
- General comments

Patient feedback and discussion

Physical assessment for those with functional limitation/resp/cardiac symptoms

- 6MWT
- 30 sec sit-stand
- Breathing pattern assessment

MDT meeting fortnightly

- Medical reviews
- Referrals onwards
- Rehabilitation pathway

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Staffing

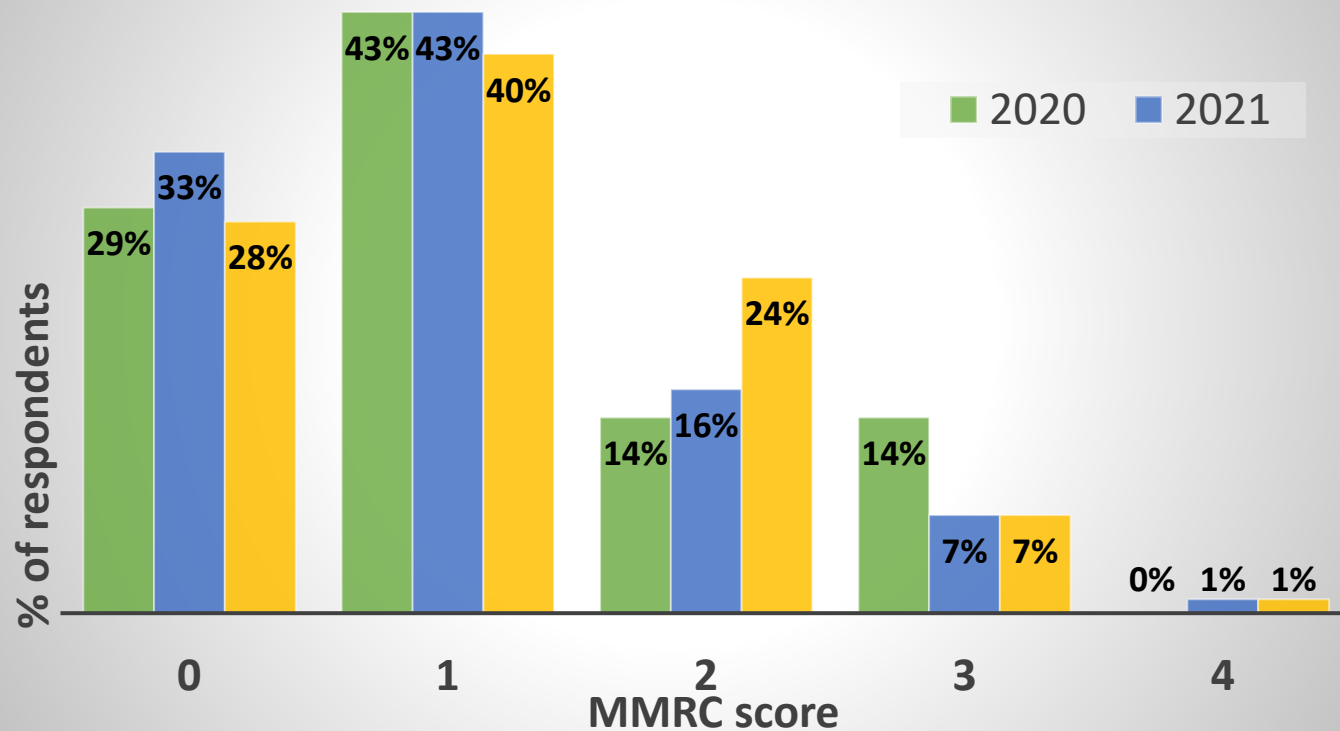
- Allied health assistant – intake, screening assessments via phone or email
- PR Physiotherapists – review results of screening, conduct physical assessments, provide feedback to patients and organise outward referrals
- GENMED Physician
- Respiratory Physician
- Neuropsychologist – assessment and treatment of patients with ongoing cognitive symptoms
- Patients requiring specialist medical follow up seen in regular clinics

Follow-up of hospitalized patients at 6-8 weeks

Alfred Health experience

	2020	2021	2022 (3 months)
Eligible (n)	95	1670	1223
Opted in to screening	36 (38%)	368 (22%)	150 (12%)
Age - mean	49	49	49
Age - range	27 to 72	18 to 94	19-89
Sex, % female	42%	54%	62%
Work / study prior to COVID	74%	66%	72%
At least one persistent symptom	45%	47%	64%

Modified Medical Research Council Dyspnoea Scale

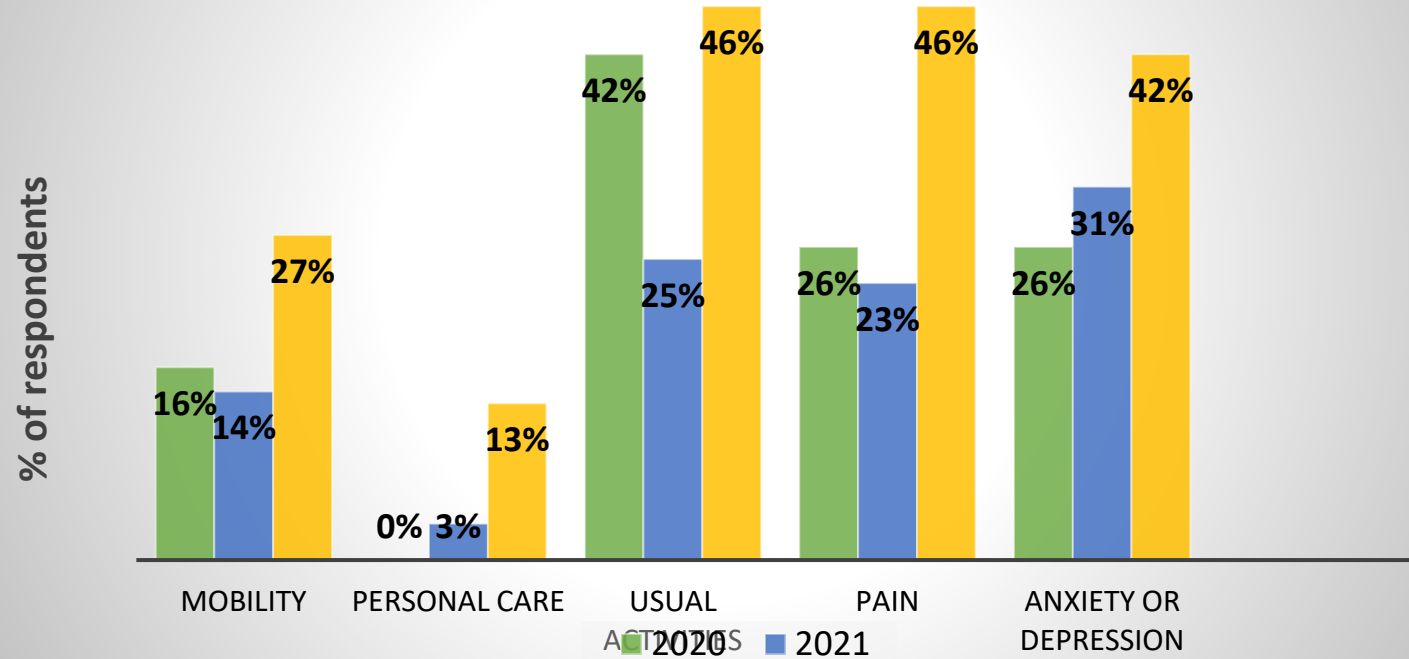


Symptoms

	2020	2021	2022
Substantial fatigue	58%	66%	63%
Extreme fatigue	21%	22%	36%
Depression	21%	14%	27%
Anxiety	26%	25%	32%
PTSD	11%	24%	32%
Weight loss	42%	44%	26%
Weight loss (mean)	5kg	5kg	5.5kg
EQ-5D VAS (mean) 100%=best health	69%	66%	59%
6MWD (n=33)	Median 530m (range 255-694m)		
% desaturate <95%	58%		

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EQ-5D – % reporting at least moderate difficulties



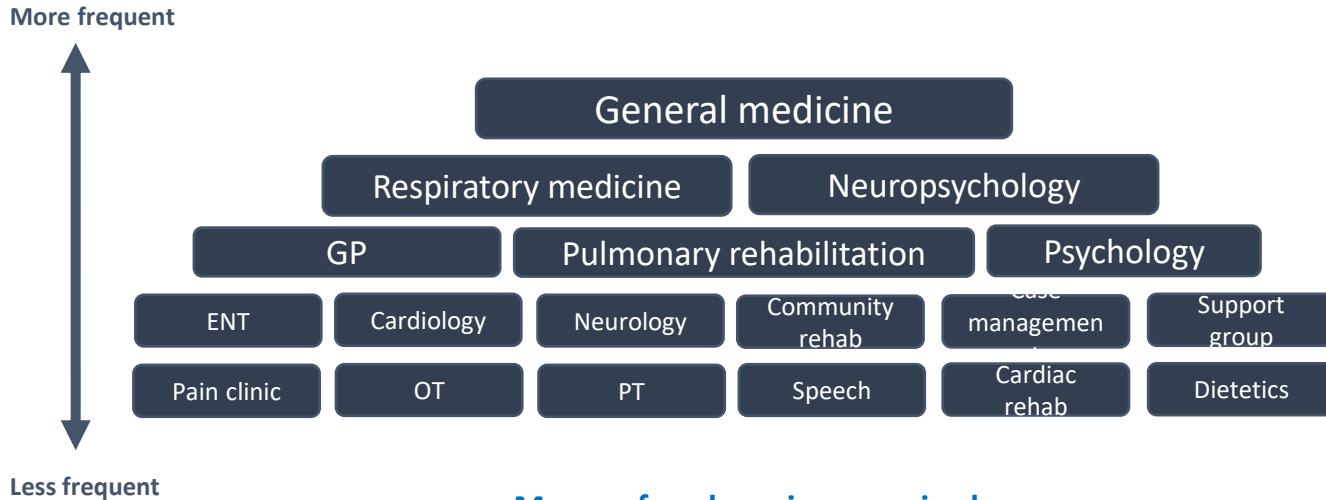
Symptoms

	2020	2021	2022
Memory changes		52%	59%
Concentration changes		63%	69%
Heightened agitation		43%	55%
Slowed thinking		59%	64%
Thinking difficulties impacting daily activities		74%	79%
Thinking difficulties same or getting worse		68%	72%
Not returned to work/study	0%	8%	22%
Returned but fewer hours	15%	4%	9%

Features of those who had not returned to work (8%)

	Did not RTW	Did RTW	p value
Extreme fatigue	64%	18%	<0.001
MMRC > 2	46%	25%	0.14
Memory changes	82%	55%	0.09
Concentration changes	91%	67%	0.12
Thinking difficulties impacting daily activities	80%	75%	0.74

Services required



Many referral services required

Traditional 'clinic' model unlikely to address all needs

Goal is to maximize recovery with return to usual activities while managing symptoms

6-12 month follow up (n=22)

Not returned to work/study	0
Returned but fewer hours	9%
Ongoing memory changes	36%
Substantial fatigue	41%
Extreme fatigue	18%
Ongoing breathlessness (MMRC ≥ 2)	5%
PTSD	9%
EQ-5D VAS (mean) 100%=best health	74%

Pulmonary Rehabilitation (n=18)

- Mean age 54 (range 28-75)
- 50% female
- 7 patients completed program, 9 ongoing, 2 DNC

Outcome		Baseline Mean (SD)	Change following HBPR Mean difference (95%CI)	P-value
6-minute walk distance (metres)		459 (115)	41 (-81 to 171)	0.428
CRQ domains	dyspnoea	16.9 (7.5)	1.1 (-6.3 to 4.0)	0.622
	fatigue	15.3 (6.1)	2.5 (-1.2 to 6.2)	0.153
	emotional function	33.3 (11.3)	3.3 (-5.3 to 11.8)	0.399
	mastery	20.5 (4.4)	4.5 (2.2 to 6.8)	0.002

Summary and future directions

- Little data on long-term outcomes > 6months
- Wide variety of healthcare and support needs
- Optimal models of follow-up and management not yet clear
- Knowledge gap: research needed to understand causes of persistent symptoms
- Clinical care gap: Lack of resources and clinics to manage a new cohort of patients
- Patients feel unheard and unseen, the impact of persistent symptoms has a profound effect on their physical and mental wellbeing

Allied Health Long COVID-19 Clinic

Jo Wrench, *Manager of Psychology, Austin Health*

Leigh Seidel Marks, *Clinic Lead, Recovery Post-Acute Covid Service, Austin Health*



ReCOVery

Post-Acute COVID-19 Multidisciplinary Rehabilitation Service

Dr Joanne Wrench, Leigh Seidel Marks

Austin
HEALTH

Post-COVID-19 Condition

Definition (WHO)

- Hx of SARS-COV-2 infection
- Ongoing symptoms 3 months from onset
- Cannot be explained by other diagnoses – Diagnosis of exclusion

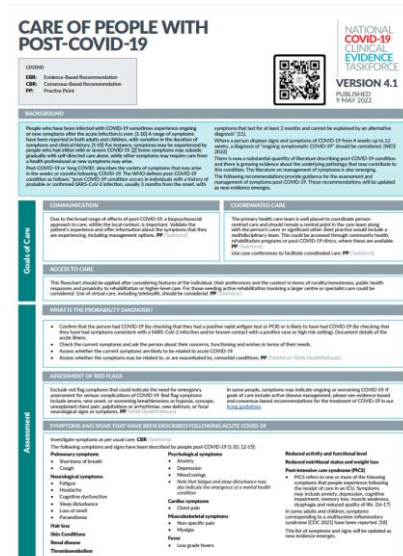
Recommendations

- Access to multidisciplinary rehabilitation, including Allied Health
- Goal setting & self management strategies
- Provide interventions/support to return to premorbid functioning

COVID-19 rapid guideline: managing the long-term effects of COVID-19

NICE guideline [NG188] Published: 18 December 2020 Last updated: 11 November 2021

Guidance Tools and resources Information for the public Evidence History

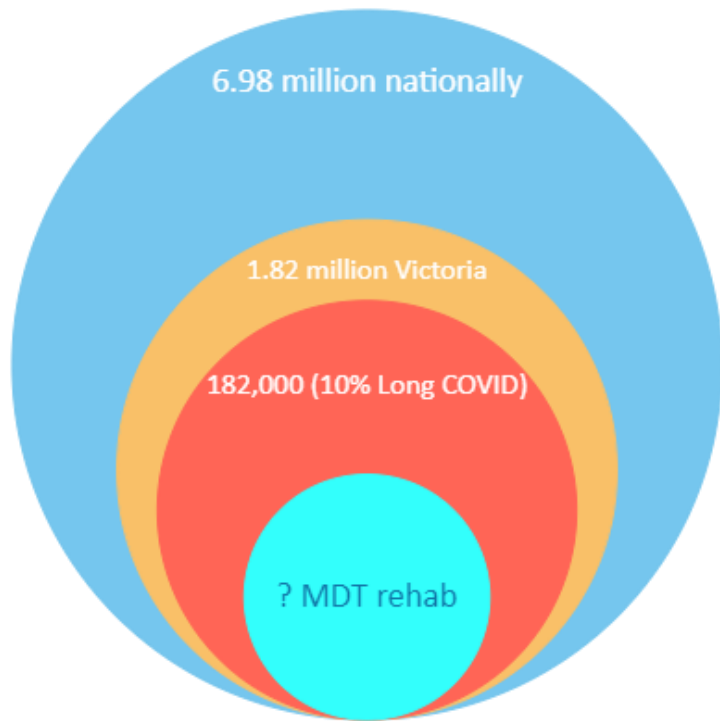


Allied Health are ideally placed to provide symptom based interventions and care

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The scale of the problem...



Omicron
Vaccination rates
Unmet need since 2020
Australian context

Model of care principles



Access to multidisciplinary allied health led care



Symptom management & functional improvement



Scalability & automation



Sustainability: Self management & telehealth



Data and research aligned



Service Referral

Internal referral, staff self referral or SMS response reporting COVID-19 symptoms persisting \geq 12-weeks

Initial Triage Assessment

ReCOVery Triage tool

Collection of clinically relevant information, including symptoms vaccination status, demographics, patient expectations of the clinical service

Goal Setting Appointment

Identify priority areas for therapy

Streamline referrals to appropriate discipline for individualised care

Individual Discipline Ax & Intervention

Exercise
Physiology

Nutrition and
Dietetics

Speech
Pathology

Occupational
Therapy

Neuropsychology

Clinical
Psychology

Social Work

Rehabilitation
medicine

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Data collection

Triage

ReCOVERY Tool

Demographics

Vax status

Symptoms

Pt expectations

Goal Setting

Mood: PHQ-9 & GAD 7

PTSD: PCL-5 (if endorsed)

MRC dyspnoea scale

Neuro-QOL Fatigue short form

Neuro-QOL Cognitive fxn short form

Sleep (if endorsed)

HRQOL: EQ5D-5L

Malnutrition: MUST

Social questions

Goal setting



Outcome

Mood: PHQ-9 & GAD 7

PTSD: PCL-5 (if completed at T1)

MRC dyspnoea scale

Neuro-QOL Fatigue short form

Neuro-QOL Cognitive fxn short form

Sleep (if completed at T1)

HRQOL: EQ5D-5L

Malnutrition: MUST

Goal attainment scaling

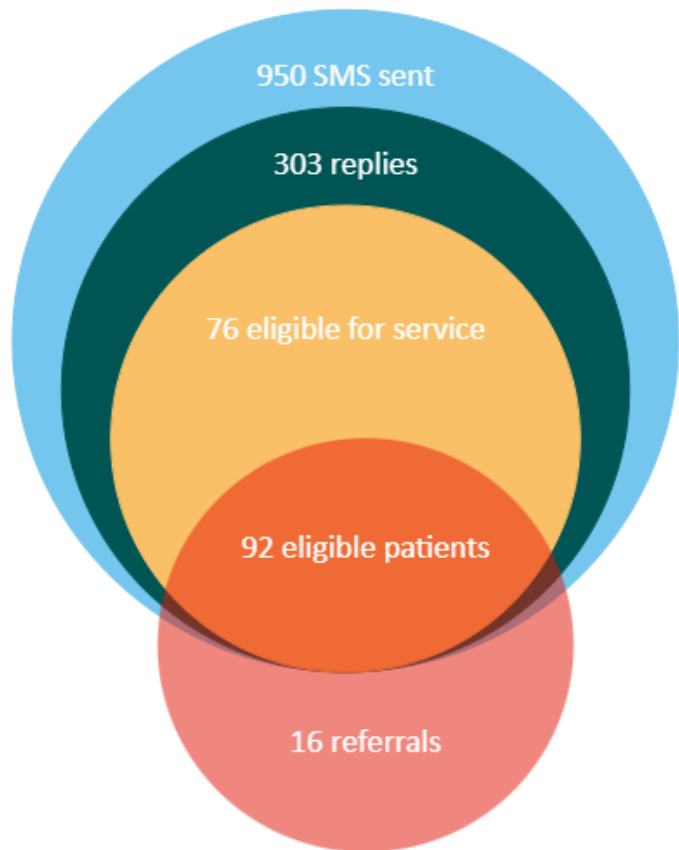
Discipline specific assessment

(e.g. 30 second sit to stand; neuropsychology measures)

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Initial triaging data



32% engagement rate with SMS

8% of total are reporting ongoing symptoms
(25% of responders)

80% of people triaged have moderate to
severe symptoms

70% of triaged patients access more than one
AH discipline

"It is an illness that goes unnoticed and people do not understand the physical and mental fatigue associated...It has been a blessing to have a dedicated team helping me....they are incredibly supportive and I'm slowly getting back to my life."

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Opportunities & next steps



Equity of access



System level
model of care



Robust data on
need & impact of
services



Sustainability



Questions for Allied Health Presenters

Post Covid Follow Up at Alfred Health: Janet Bondarenko

Post-Acute COVID-19 Multidisciplinary Rehabilitation Service: Jo Wrench & Leigh Seidel

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
- These webinars are now scheduled on a monthly basis with registration for attendance now through Eventbrite.
- To receive Eventbrite links 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

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 centresofclinicalexcellence@safercare.vic.gov.au
- [Department of Health COVID-19 clinical guidance and resources](#)