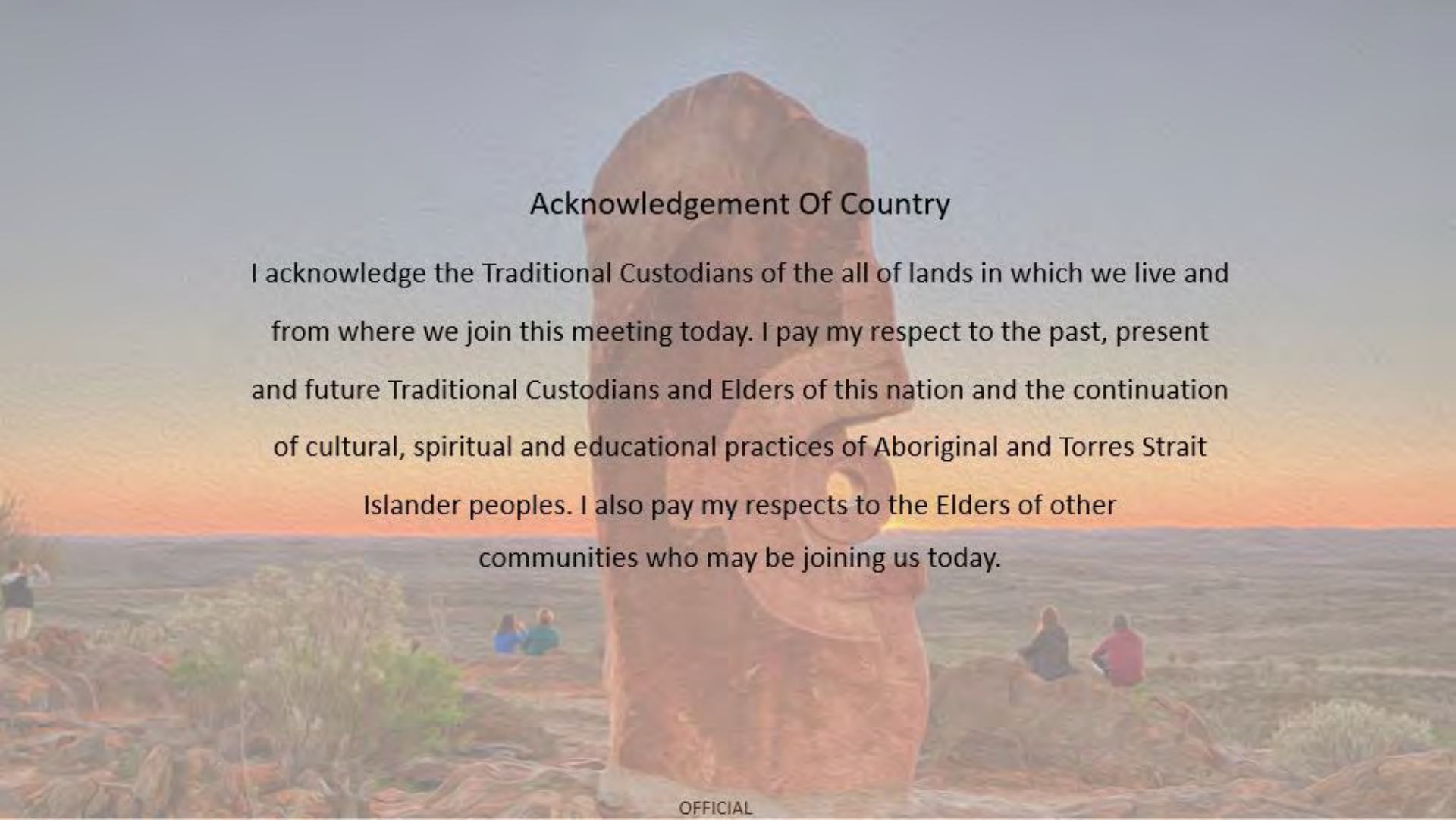


2022

COVID + Pathway Learning Network webinar series

Webinar : COVID+ Pathways updates
& Perspectives of Primary Care

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.

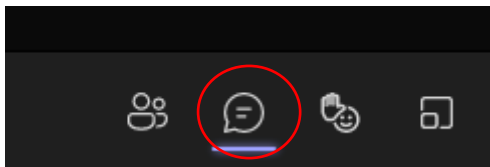
Webinar series purpose

- 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.

Overview

Topic	Presenter
Update on Comms Resources – COVID+/CALD	Ella O'Keefe, <i>Senior Communications Adviser, CALD Communications, DFFH</i> Suzanne Hall, <i>Snr Comms Adviser - COVID Response Associate Secretary, DFFH</i>
National COVID-19 Clinical Evidence Taskforce update	A/Prof Steve McGloughlin, <i>Director Department of Intensive Care & Hyperbaric Medicine Alfred Health: Associate Professor, School of Public Health and Preventive Medicine: Executive Director, National COVID-19 Clinical Evidence Taskforce</i>
Questions/Reflections	Facilitated by Brett Morris
Presentation from SEPHN on Respiratory Clinics	Marita Sealey, <i>Executive General Manager (Primary and Aged Care Service Innovation) South Eastern Melbourne PHN – Introduction of the GPRC Program</i> Jessica Mayorga-Cerna, <i>Practice Nurse Manager – Cranbourne GPRC – Overview of the Cranbourne GPRC from a Nurse Led perspective</i> Dr. Virginia Hamilton, <i>GP Monash GPRC – Overview of the operation and GP Perspective of Monash GPRC program.</i>
Questions/Reflections	Facilitated by Brett Morris

COVID-19 Communications for Multicultural Communities

Ella O'Keefe, *Senior Communications Adviser, CALD Communications, DFFH*

Suzanne Hall, *Snr Comms Adviser - COVID Response Associate Secretary, DFFH*

Translated & Accessible COVID-19 Resources

CALD Communities Taskforce

Not for further distribution



COVID-19 Communications Challenge – Second Wave

Despite best efforts and a record number of languages translated, many CALD communities were not being reached

Digital technologies were sustaining already established connections, but no wider

Translated written information problematic due to delays in availability, dialect differences, no central location and low literacy issues

Trust in government had been harmed, especially following perception of some unnecessarily harsh measures

Improve the dissemination and accessibility of critical COVID-19 communication material

1. Create new channels of communication
2. Increase audio and visual in-language content
3. Increase translated information
4. Work with trusted messengers
5. Support community-led content

Animations



Animations which explain information in accessible and visual way.

We have created a range of image-only and narrated translated animations on a variety of topics in partnership with the Migration Council of Australia.

There are videos available in up to 33 different languages.

<https://www.youtube.com/c/VicGovDH/playlists>

National and Ethnic Multicultural Broadcasters' Council Partnership

www.facebook.com/Nembc

soundcloud.com/user-760283919/sets/nembc-multilingual-new-service



Audio explainers on a variety of topics in more than 19 languages which are accessible for people not literate in their spoken language. Shared on community radio, available on Soundcloud and Facebook.

A regular COVID-19 multilingual news service which provides timely, updated, translated information on the latest announcements and developments.

Translated Posters

Multiple posters translated into 36 languages with key information

What to do if you have tested positive for COVID-19

- Quarantine at home for 7 days
- If you test positive on a rapid antigen test you must tell the Department of Health online at www.coronavirus.vic.gov.au/report or via the Coronavirus Hotline on 1800 675 398. Press 0 for an interpreter.

Who to tell

- Friends and family you have spent time with recently
- Your employer
- School or daycare of your child

What to tell them

- I've recently tested positive for COVID-19
- We spent time together so you should get tested too
- Everything you need to know is available at coronavirus.vic.gov.au/checklist-cases

Know your symptoms and when you need to get help

	Mild	Worsening	Severe
General feeling	Feeling a little unwell but okay. Able to walk around the house and do normal activities.	Feeling very unwell and tired, struggling to take care of yourself.	Having difficulty breathing, cannot take care of yourself.
Symptoms	<ul style="list-style-type: none"> Runny or blocked nose Sore throat Aches and pains Coughing Tired Headache Loss of taste and smell Not hungry or feeling sick Feeling sad, worried or scared 	<ul style="list-style-type: none"> Some shortness of breath Coughing up mucus Really sore muscles and pains Very weak and tired Not peeing very often Vomiting or diarrhoea High temperature (over 38 degrees Celsius) Shaking or shivering 	<ul style="list-style-type: none"> Any difficulty breathing Chest pain Coughing up blood Lips or face turning blue Feeling dizzy Fainting or feeling like fainting Unable to look after yourself Confused Can't keep your eyes open
What to do?	<ul style="list-style-type: none"> Rest Drink lots of water Eat healthy meals Keep taking any usual medicines 	<ul style="list-style-type: none"> Call your GP or Nurse On-Call (1300 606 034) as soon as possible. They will advise you what to do next. 	<ul style="list-style-type: none"> Call Triple Zero (000) and tell them you have COVID-19.

For more information in English, visit www.coronavirus.vic.gov.au

To receive this document in another format email vdh@coronavirus.vic.gov.au
 Authorised and published by the Victorian Government, Treasury Press, Melbourne
 © State of Victoria, Australia, 26 July 2022 (2206044)



What to do if you are a household contact

You are a household contact (also called close contact) if you have spent more than four hours with someone who has COVID-19 in a house, accommodation, or care facility. You are a household contact for 7 days from the day you spent time with the person who has COVID-19.

Rules for household contacts

Household contacts must

Take and test negative on 5 rapid antigen tests over the 7 day period. <i>(Each test must be taken 24 hours apart)</i>	Wear a mask indoors when you are outside your home if you are aged 5 and above.	Do not visit hospitals or care facilities.	Tell your employer or school that you are a household contact.
---	---	--	--

If you can't follow these rules you must quarantine for 7 days. During your quarantine you must take a rapid antigen test on Day 1 (or as soon as possible) and Day 7.

Where to get rapid antigen tests?

You buy them from a supermarket or pharmacy.

Anyone can get them for free from a state-run testing site. For a list of testing sites visit www.coronavirus.vic.gov.au/rapid-antigen-tests

Some commonwealth concession card holders can get them for free from participating pharmacies. For more information visit www.health.gov.au/health-alerts/covid-19/testing

NDIS participants and people with a disability support pension can get them for free from their Disability Liaison Officer or at state-run testing sites.

What to do if you test positive?

If you test positive at any time

- Isolate immediately
- Report your positive result to the Department of Health at www.coronavirus.vic.gov.au/report or by calling the Coronavirus Hotline on 1800 675 398.

Reporting your result means you will have access to healthcare, financial and other support through the COVID Positive Pathways program.

For more information in your language visit www.coronavirus.vic.gov.au/translations

To receive this document in another format email vdh@coronavirus.vic.gov.au
 Authorised and published by the Victorian Government, Treasury Press, Melbourne
 © State of Victoria, Australia, 26 July 2022 (2206044)



Understanding rapid antigen tests

Rapid antigen tests (RAATs or RA tests) can be used to quickly check if you have COVID-19. They can provide a result quickly, usually within 15-30 minutes, and can be used at home.

When to use a rapid antigen test



For more information on when to get tested call the coronavirus helpline on 1800 675 398 or go to www.coronavirus.vic.gov.au/getting-tested



Understanding rapid antigen tests

Who can get rapid antigen tests for free

The following concession card holders can get them for free from a pharmacy:

- Commonwealth Seniors Health Card
- Department of Veterans' Affairs Gold, White or Orange Card
- Health Care Card
- Low Income Health Card
- Penrissen Concession Card



NDIS participants and people with a disability support pension can get them for free from their Disability Liaison Officer or at state-run testing sites.

If you are a contact of someone with COVID-19 or you have symptoms you can get a rapid antigen test from a testing centre.

Understanding your rapid antigen test result

How your result will appear	What it means	What to do next
Negative 	It is unlikely you have COVID-19.	Monitor for symptoms.
Positive 	It is very likely that you have COVID-19. The result is positive even if the second line is very faint.	Isolate for 7 days and follow the advice at www.coronavirus.vic.gov.au/checklist-cases . Report your result to the Department of Health at www.coronavirus.vic.gov.au/report or on 1800 675 398. Press 0 if you need an interpreter when you call.
Invalid 	The test has not worked.	Tell people you have been recently that you have tested positive and they should get tested too. Support is available - see www.coronavirus.vic.gov.au/support for information on how to access it. Take another rapid antigen test. If the second test is invalid, you should get a test at a testing site.

For more information visit www.coronavirus.vic.gov.au/rapid-antigen-tests

To receive this document in another format email vdh@coronavirus.vic.gov.au
 Authorised and published by the Victorian Government, Treasury Press, Melbourne
 © State of Victoria, Australia, 26 July 2022 (2206044)

← → ↻ 🏠 dffh.vic.gov.au/covid-19-communications-resources 🔍 📄 ★

OneDrive DHHS Intranet CALD Comms Shar... Canva Overview | Campai... Our Briefings Content Manager PRMC2 - Assessme... Vic Gov Library Ser... MCOP Opportunities COVID-19 Vaccine... Social Cohesion ~...

🏠 About ▾ Our work ▾ Publications Jobs Strategic plan Coronavirus ▾

Home >

COVID-19 communications resources

Additional communications resources about coronavirus (COVID-19) including translated materials.

On this page:

[About these resources](#)

[Quarantine, isolation and testing](#)

[Vaccination](#)

[Staying safe](#)

[Mental health](#)

[Returning to school](#)

[Audio resources](#)

[Easy English resources](#)

Share this page

🐦 Twitter

in LinkedIn

f Facebook

✉ Email

www.dffh.vic.gov.au/covid-19-communications-resources

National COVID-19 Clinical Evidence Taskforce update

A/Prof Steve McGloughlin, *Executive Director, National COVID-19 Clinical Evidence Taskforce*

Safer Care Victoria Webinar Taskforce Update

**A/Prof Steve McGloughlin,
Executive Director**

June 29, 2022

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE



OFFICIAL

Recent new or updated guidance

- Oestrogen-containing therapies **NEW** (9/6)
- Remdesivir in children and adolescents **NEW & UPDATED** (9/6)
- Drug treatments decision tool for at risk children and adolescents who do not require oxygen **NEW** (9/6)

DRUG TREATMENTS FOR AT RISK CHILDREN AND ADOLESCENTS WITH COVID-19 WHO DO NOT REQUIRE OXYGEN



Immunocompromising conditions

- Primary or acquired immunodeficiency**
- **Haematologic neoplasms:** leukaemias, lymphomas, myelodysplastic syndromes
 - **Post-transplant:** solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - **Immunocompromised due to primary or acquired (AIDS) immunodeficiency**
 - **Other significantly immunocompromising conditions**

- Immunosuppressive therapy (current or recent)**
- **Chemotherapy,** whole body radiotherapy or total lymphoid irradiation
 - **High-dose corticosteroids:** 0.5 mg/kg of prednisone per day (or equivalent) for ≥ 14 days
 - **Selected other potent immunosuppressive therapies** (refer to ATAGI advice)

Risk factors for deterioration

- **Paediatric complex chronic conditions (PCCC):** congenital and genetic, cardiovascular, gastrointestinal, malignancies, metabolic, neuromuscular, renal and respiratory conditions
- **Severe asthma:** for example, in the past 12 months ≥ 1 exacerbation requiring ICU admission or IV treatment, OR ≥ 2 hospital admissions for asthma; children requiring biologic therapy for symptoms
- **Obesity:** above 95th percentile on BMI for age growth chart
- **Other significantly immunocompromising conditions, seek expert advice**

Child or adolescent with symptomatic COVID-19 who does not require oxygen and is at high risk of deterioration

Children and adolescents who are suspected to be at high risk of deterioration should be managed by and discussed with a multidisciplinary team.

START
HERE



This decision aid is intended for children and adolescents up to 16 years of age. Where appropriate, based on age or physical size, refer to adult guidance.

Drug treatments decision tool for adults with COVID-19

Click to view

For complete summaries of treatment recommendations, refer to:

Drug treatments for children and adolescents with COVID-19

Drug treatments for adults with COVID-19

Click to view

Refer to:

Care at home for children and adolescents with COVID-19

Care in hospital for children and adolescents with COVID-19

In development

Is the patient:

Immunocompromised?

Is the patient:

Up-to-date with vaccination?

NO

Is the patient:

Aged ≥ 12 years and ≥ 40 kg?

YES

Is the patient:

Within 5 days of symptom onset

YES

YES

NO

Is the patient:

Aged ≥ 28 days and ≥ 3 kg?

YES

Is the patient:

Within 7 days of symptom onset

YES

NO

NO

Is the patient:

Within 14 days of symptom onset

NO

Is the patient:

Within 14 days of symptom onset

YES

Treat and observe symptoms

NO

NO

NO

NO

NO

NO

NO


YES


There are limited data on the efficacy of these treatments in children <12 years, and no studies comparing these treatment options in any age group. Inhaled corticosteroids (budesonide or ciclesonide) can be considered for adjunctive use with other treatment options; however, the added benefit of adjunctive use is unclear. There is currently no evidence available on the effectiveness of concurrent use of monoclonal antibodies or antivirals for COVID-19, except where co-formulated.


⚠ In exceptional circumstances and in consultation with a specialist paediatrician, consider*

▶ nirmatrelvir plus ritonavir (Paxlovid)
300 mg / 100 mg PO bd for 5 days

Product type: Antiviral (dual therapy)

Clinical evidence:  Adults aged ≥18 years in the EPIC-HR trial were treated within 5 days of symptom onset with oral nirmatrelvir/ritonavir 300 mg/100 mg twice daily for 5 days.


Administration considerations:  ***Not approved by TGA for this indication.** Nirmatrelvir (two 150 mg tablets) and ritonavir (one 100 mg tablet) should be taken together orally every 12 hours for 5 days, with or without food. The tablets should be swallowed whole and not chewed, broken or crushed. See full TGA PI


Contraindications:  **Severe renal or severe hepatic impairment. Concomitant use with drugs that are highly dependent on CYP3A for clearance or are potent CYP3A inducers.** Hypersensitivity to active ingredients or other components of the product.


Drug interactions:  **Multiple significant drug-drug interactions associated with CYP3A inhibition.** See full TGA PI See Liverpool Interaction checker


▶ tixagevimab plus cilgavimab (Evusheld)
300 mg / 300 mg IM once

Monoclonal antibody (dual therapy)

Clinical evidence:  Adults aged ≥18 years in the TACKLE trial were treated within 5 days of symptom onset with a single dose of Evusheld consisting of two IM injections (300 mg tixagevimab and 300 mg cilgavimab).

Administration considerations:  ***Not approved by TGA for this indication.** Single dose of 600 mg Evusheld consisting of separate sequential intramuscular injections (300 mg tixagevimab and 300 mg cilgavimab). See full TGA PI

Contraindications:  Hypersensitivity to active ingredients or other components of the product.

Drug interactions:  No formal interaction studies have been conducted. Evusheld is not expected to undergo metabolism by hepatic enzymes or renal elimination.


Consider
Inhaled corticosteroids
(budesonide or ciclesonide)


▶ Sotrovimab and Ronapreve (casirivimab plus imdevimab) can be used in the target population but have been omitted due to reduced effectiveness against the circulating Omicron variant.


⚠ In exceptional circumstances, if previous options are not suitable or available, and in consultation with a specialist paediatrician, consider*


remdesivir
≥40 kg: 200 mg IV on day 1 then 100 mg IV on days 2 & 3
≥3 kg to <40 kg: 5 mg/kg IV on day 1 then 2.5 mg/kg on days 2 & 3

Antiviral (monotherapy)

Clinical evidence:  Adults aged ≥13 years in the PINETREE trial were treated within 7 days of symptom onset with three IV doses on consecutive days (200 mg on day 1, followed by 100 mg on days 2 & 3). Paediatric patients aged 28 days to <18 years in the CARAVAN trial were treated for up to 10 days with daily IV infusions, dosed according to weight category (≥3 kg to <40 kg; or ≥40 kg).

Administration considerations:  ***Not approved by TGA for paediatric patients <40 kg not requiring oxygen.** Should be administered intravenously in a setting with immediate access to medications to treat severe infusion or hypersensitivity reactions and an emergency medical response. Due to potential concerns with the use of cyclodextrin in infants, the benefits and risks should be carefully considered. See full TGA PI

Contraindications:  Hypersensitivity to active ingredients or other components of the product.

Drug interactions:  No interaction studies have been conducted. Patients should remain under close observation during the days of remdesivir administration. Do not use concomitantly with chloroquine phosphate or hydroxychloroquine sulphate.

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE

18 CLINICAL FLOWCHARTS

Available now at
covid19evidence.net.au



Consideration of in vitro data

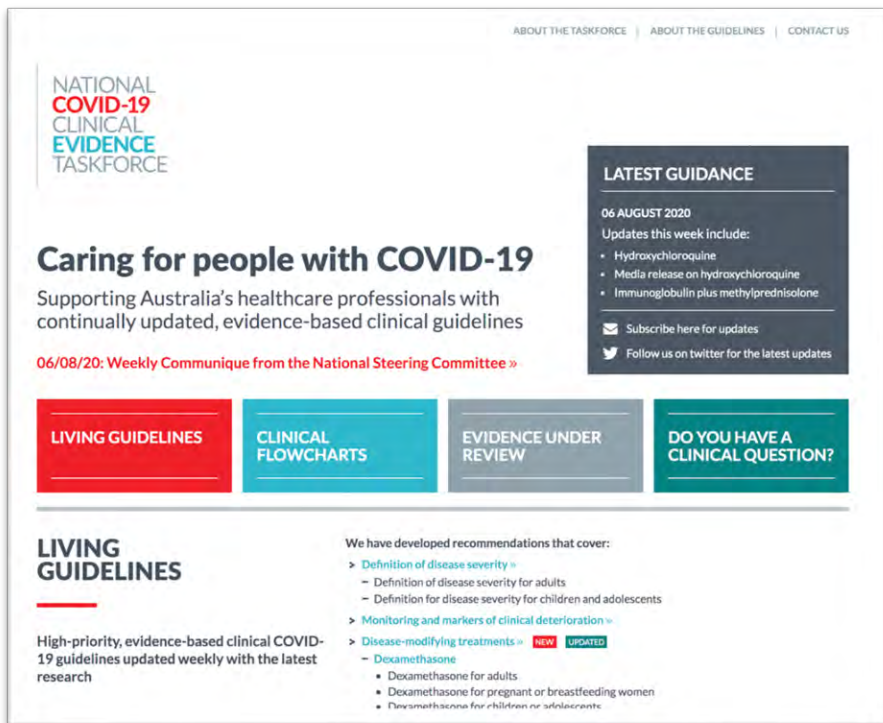
- Now conducting daily searches for in vitro data on BA. 4/5
- Data currently very limited
- Will update recommendations as data becomes available
- Working with Prof Miles Davenport and his team at the Kirby Institute

In development

- Management flowcharts for child and adolescent care
- Drug treatments decision tool for adults in hospital with COVID-19
- Updates to several flowcharts:
 - Care of older people
 - Palliative Care
 - Post-COVID-19

Living guidelines: covid19evidence.net.au

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE



ABOUT THE TASKFORCE | ABOUT THE GUIDELINES | CONTACT US

NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

Caring for people with COVID-19

Supporting Australia's healthcare professionals with continually updated, evidence-based clinical guidelines

06/08/20: Weekly Communique from the National Steering Committee »

LIVING GUIDELINES

CLINICAL FLOWCHARTS

EVIDENCE UNDER REVIEW

DO YOU HAVE A CLINICAL QUESTION?

LATEST GUIDANCE

06 AUGUST 2020

Updates this week include:

- Hydroxychloroquine
- Media release on hydroxychloroquine
- Immunoglobulin plus methylprednisolone

Subscribe here for updates

Follow us on twitter for the latest updates

LIVING GUIDELINES

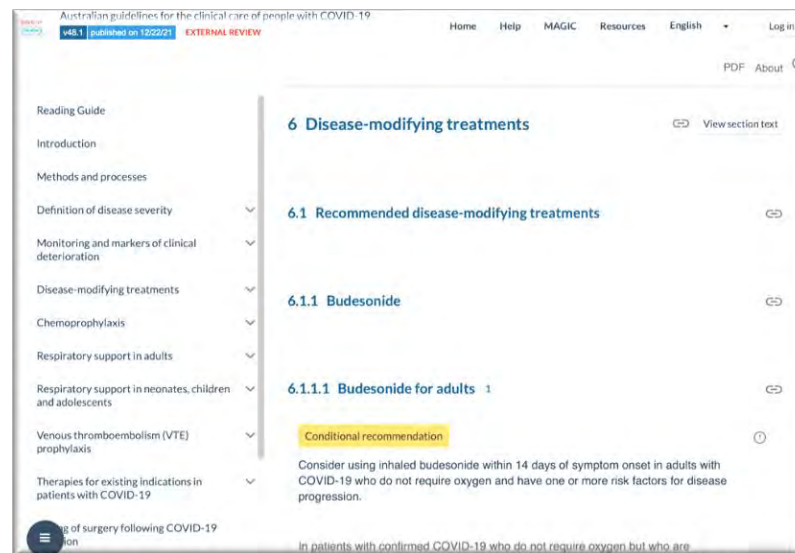
We have developed recommendations that cover:

- Definition of disease severity
 - Definition of disease severity for adults
 - Definition for disease severity for children and adolescents
- Monitoring and markers of clinical deterioration »
- Disease-modifying treatments » **NEW** **UPDATED**
 - Dexamethasone
 - Dexamethasone for adults
 - Dexamethasone for pregnant or breastfeeding women
 - Dexamethasone for children or adolescents

High-priority, evidence-based clinical COVID-19 guidelines updated weekly with the latest research



Living guidelines on MAGiCapp



Australian guidelines for the clinical care of people with COVID-19

48.1 | Published on 10/22/21 | EXTERNAL REVIEW

Home | Help | MAGiC | Resources | English | Log in

PDF | About

Reading Guide

Introduction

Methods and processes

Definition of disease severity

Monitoring and markers of clinical deterioration

Disease-modifying treatments

Chemoprophylaxis

Respiratory support in adults

Respiratory support in neonates, children and adolescents

Venous thromboembolism (VTE) prophylaxis

Therapies for existing indications in patients with COVID-19

6 Disease-modifying treatments

6.1 Recommended disease-modifying treatments

6.1.1 Budesonide

6.1.1.1 Budesonide for adults 1

Conditional recommendation

Consider using inhaled budesonide within 14 days of symptom onset in adults with COVID-19 who do not require oxygen and have one or more risk factors for disease progression.

In patients with confirmed COVID-19 who do not require oxygen but who are

Questions

Please put your questions into the chat

Perspectives of Primary Care on COVID+ Pathways

Marita Sealey, *Executive General Manager (Primary and Aged Care Service Innovation)*

Jessica Mayorga-Cerna, *Practice Nurse Manager, Cranbourne GPRC*

Dr. Virginia Hamilton, *GP, Monash GPRC*

Victorian State Funded General Practice Respiratory Clinics

Presented by
Marita Sealey

**Executive General Manager
Primary and Aged Care Service Innovation**

South Eastern Melbourne PHN
29 June 2022

Victorian State-Funded General Practice Respiratory Clinics (GPRCs)

The Victorian government and Victorian primary health networks are collaborating to support more Victorians to access respiratory assessments and COVID-19 care close to where they live

Purpose of GPRCs

Who they are for

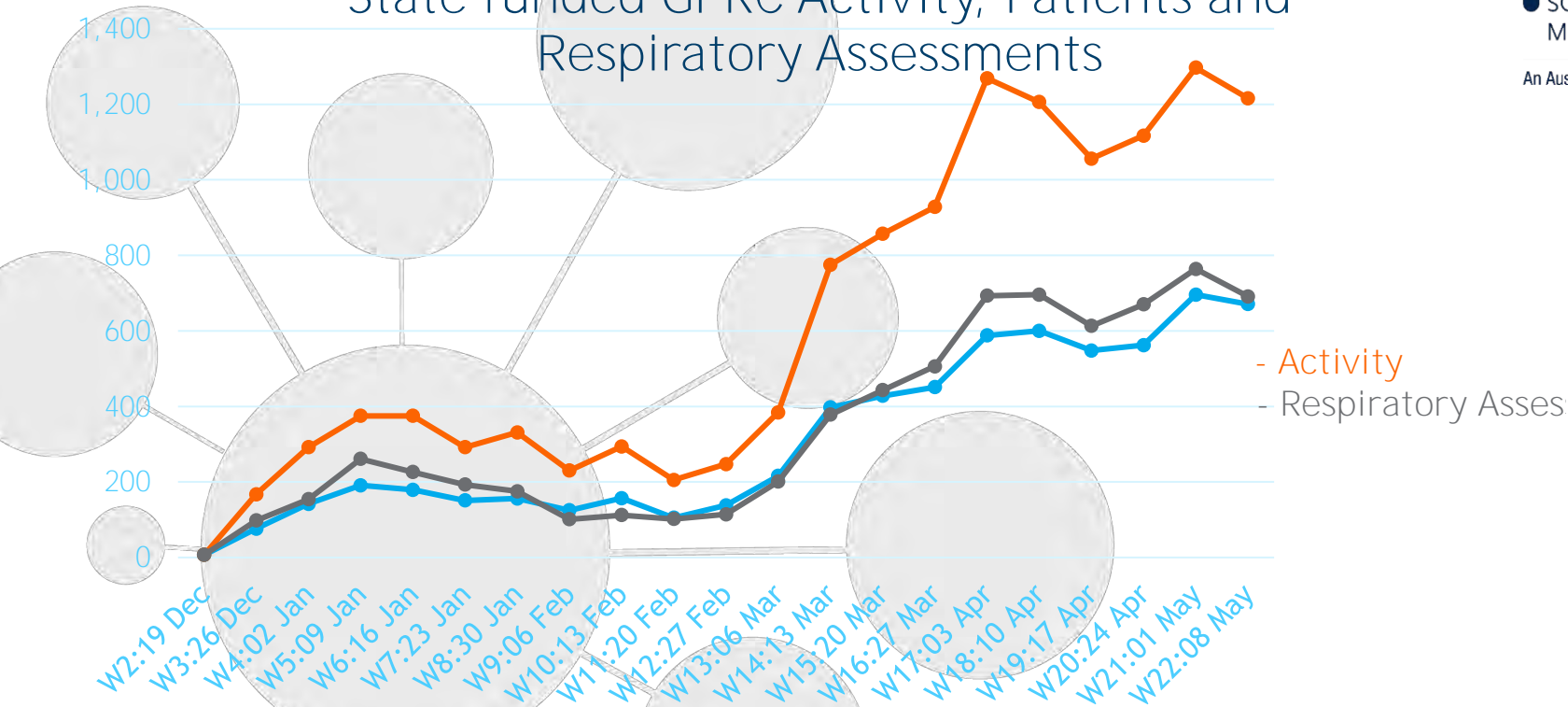
- People with mild respiratory symptoms
- Supporting people of all ages, children and adults



Why they are beneficial

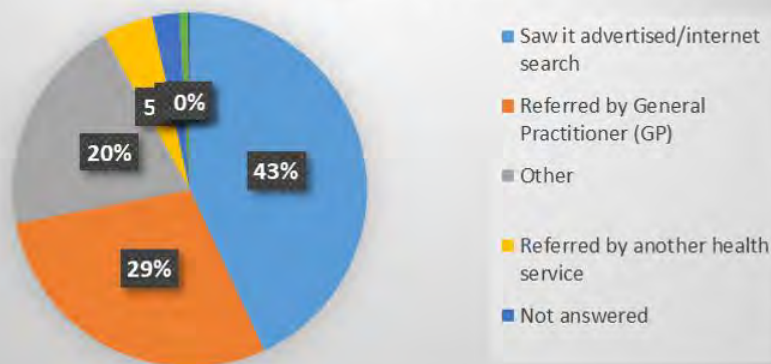
- Provide patients with access to assessment for respiratory symptoms, testing and early treatment.
- Provide face to face appointments if a person's regular GP is not able to see them
- Are open after hours and on the weekends
- GPRCs provide information back to the patients regular GP
- Provide services to people with and without a Medicare Card, with no out of pocket costs to the patient

State funded GPRC Activity, Patients and Respiratory Assessments



Patient Survey Data

How did you find out about this service n = 925

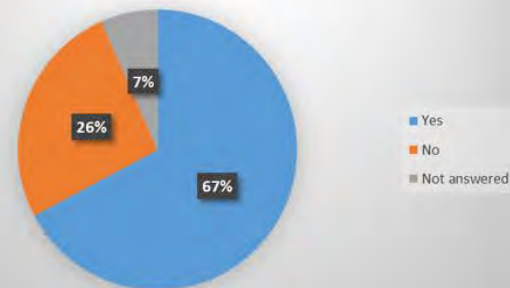


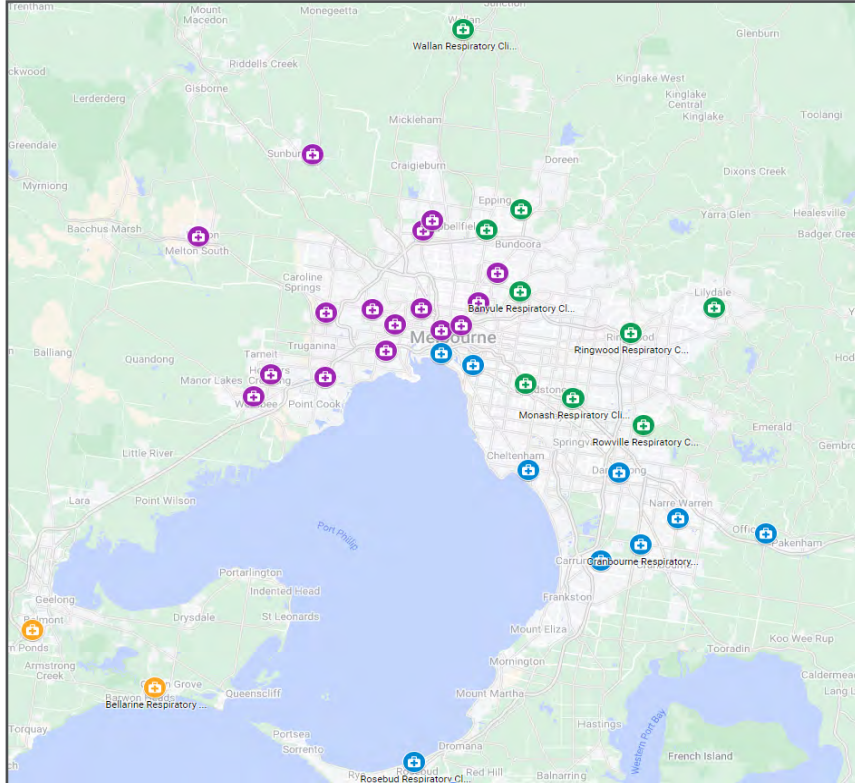
Where would you have gone today if this service was not available?

n = 925



Has a regular GP n = 925





- Eastern Melbourne PHN
- Gippsland PHN
- Murray PHN
- North Western Melbourne PHN
- South Eastern Melbourne PHN
- Western Victoria PHN

How to access a GPRC

- **Self-referral (most common)**
- **Referral from the patients regular GP**
- **Referral from other health services**

--Department of Health

website: <https://www.health.vic.gov.au/covid-19/gp-respiratory-clinics-and-hospital-respiratory-clinics-covid-19>

Current Communications

- GP – eblasts, social media and tons of posters are available
- Comms Campaign
 - Working with hospital and health services comms teams to:
 - GPRCs promoted via Website
 - Distribution of marketing material
 - Advertise to staff
 - Link with Public Health Units
- GPRC Comms Pack
- <https://vtphna.org.au/our-work/best-practice-prevention-management-and-support/gp-respiratory-clinics/>

Cough, sore throat, COVID or flu?



See a GP

If you can't see your regular GP, new GP Respiratory Clinics provide fast face-to-face assessment and testing, and immediate support for:

- Asthma
- COPD
- Pneumonia
- Shortness of breath
- COVID-19 (please call ahead)
- Flu/cold symptoms – runny nose, sore throat, cough or fever.

This is a free service for anyone with respiratory symptoms, including children, with or without a Medicare card.

Book now

Clinics are open 7 days a week and after hours, in many locations across Victoria.

For our website for information or to book an appointment

vtphna.org.au/gprcs



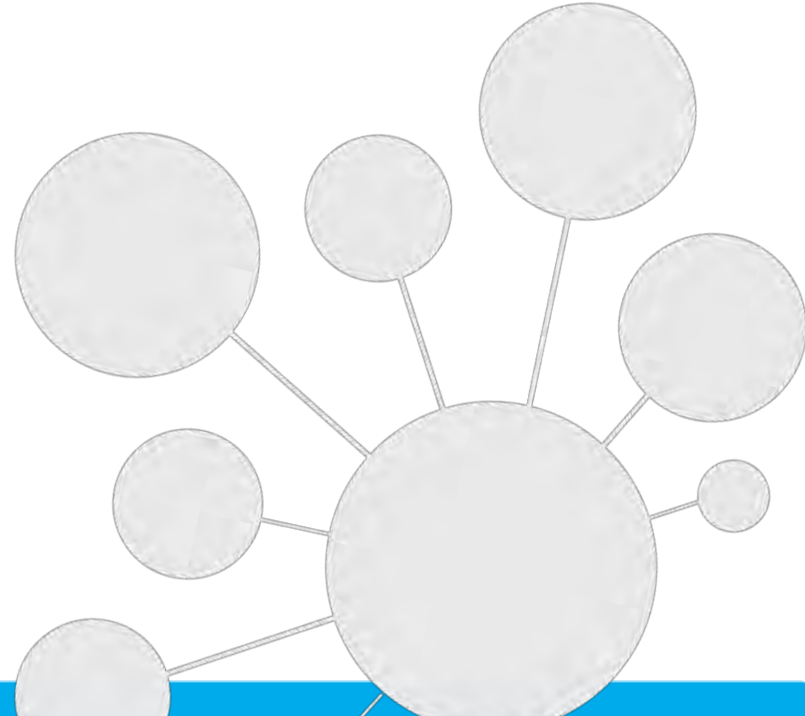
Scan to book an appointment or visit vtphna.org.au/gprcs

If you have severe trouble breathing, blueness around the mouth, chest pains, or pain in your arms or jaw, call triple zero (000) for urgent help.

 **RESPIRATORY CLINIC**
Helping you breathe easier

 **phn**
VICTORIAN-TASMANIAN ALLIANCE
An Australian Government initiative

Thank you





OUR MEDICAL CRANBOURNE RESPIRATORY CLINIC

Leia Sharp (Practice Manager) & Jessica Mayorga-Cerna (Registered Nurse/Team Leader)

29th June 2022



Where it all began



In early December 2021 we started seeing patients in our Respiratory Clinic. We started in our Physio space, whilst the works were being done.



OFFICIAL

Clinical care model



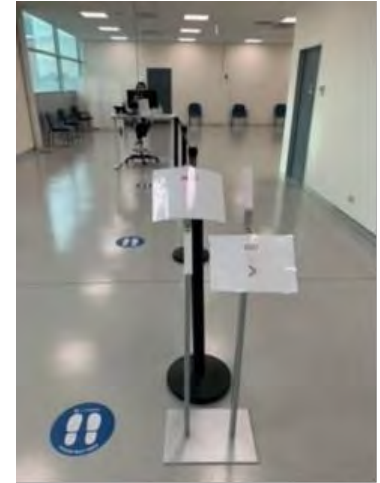
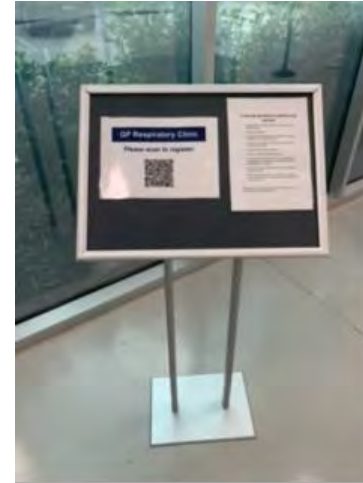
- Open 7 days, extended hours:
7.00am to 10.00pm - Mon to Fri.
8.00am to 10.00pm – Sat & Sun
8.00am to 8.00pm - Public Holidays.
- Patients seen presenting with all URTI symptoms, not only Covid+
- Accept referrals from clinics in the surrounding areas and outer suburbs.
- Nurse to triage patients and GP rostered on all opening hours
- Air-conditioning set to 6-8 exchanges per hour to help with appropriate ventilation according to DHS standards



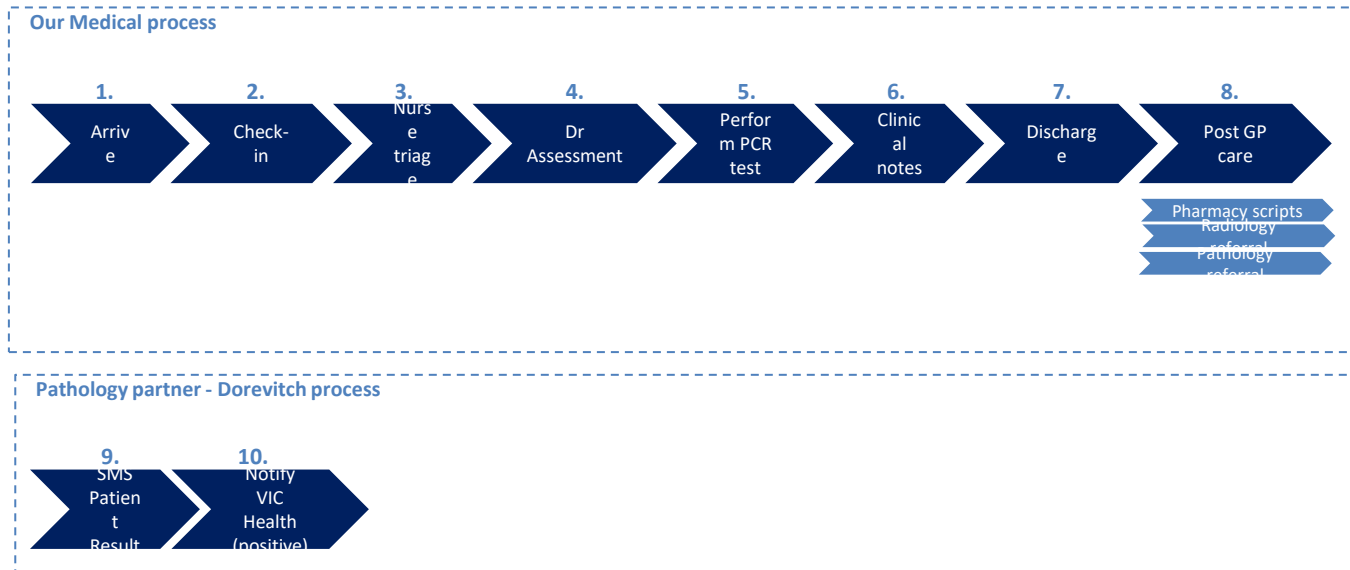
Clinical care model cont.



- Patients will be bulk billed under Medicare or seen at no cost to the patient if they do not have Medicare.
- The clinic offers Covid, Respiratory Virus PCR's and Rapid antigen testing
- Consultation summary and results can be sent to referring GP
- Appointment booking service, walk-in service available
- No contact check in



GPRC Cranbourne: Patient Journey



How it has Evolved

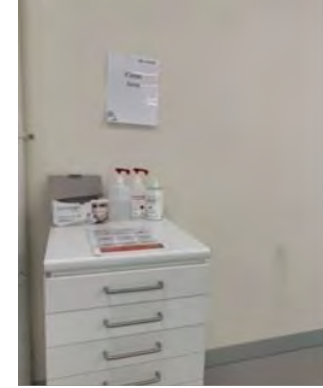


- Bigger space in new building – allowing us to deal with more patient demand
- Capacity to facilitate two GP's
- Respiratory Virus PCR's and Rapid antigen testing
- We are now seeing more patients with URTI Symptoms and allowing us to provide treatment in the GPRC

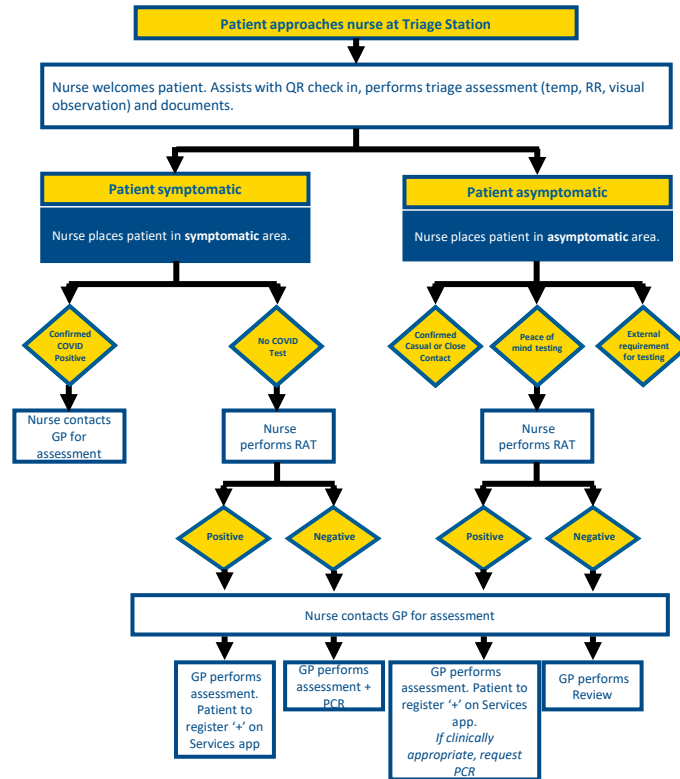
Resources available in the clinic



- PPE signs interpreted for all languages.
- Asymptomatic waiting area and consult rooms for symptomatic patients.
- Consults rooms are equipped with their own bed and waiting chairs, BP machines, pulse oximeters, infrared thermometer and stethoscopes
- Separate room for Doctors to doff PPE before entering their notes, printing scripts etc, that Patients do not enter
- Biohazard bin pickup twice weekly



RAPID ANTIGEN TESTING - OMH CRANBOURNE



Please note: RAT are not to be handed out to patients to perform at home.
 Patients are to be encouraged to return to the clinic for assessment if they would like a bulk-billed RAT.
 Post discharged: Nurse to send Automated message with RAT result.

Allied services



- Cranbourne Community Pharmacy
 - Offers no contact pickups/deliveries
 - Antiviral medication available
- Marina Radiology
- Dorevitch Pathology – Who offers 3 collections per day



GPRC – A GP Perspective

Dr Virginia Hamilton

Monash GP Respiratory Clinic



Questions

Please put your questions into 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](#)