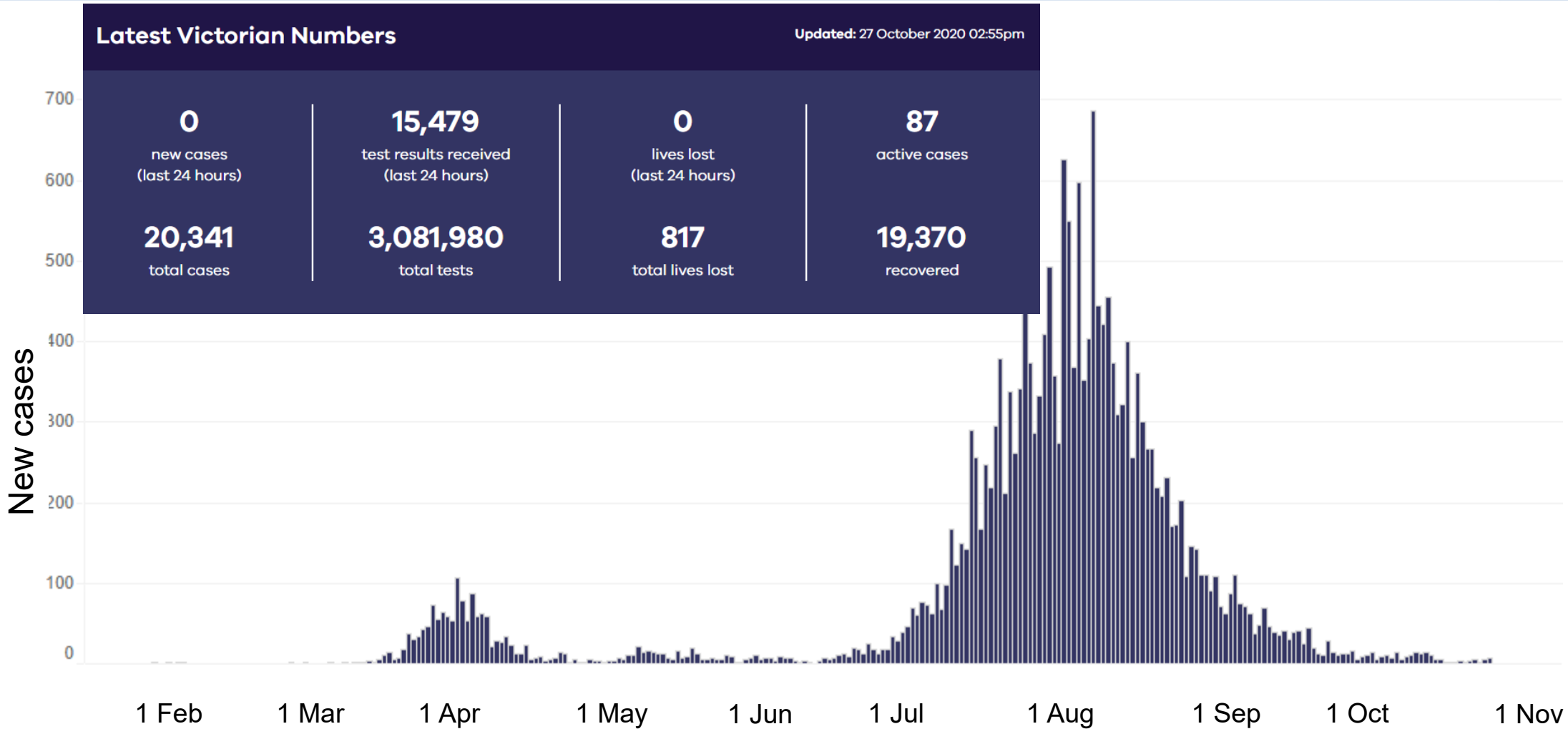
Coronavirus (COVID-19)

RACGP Victoria update webinar
Wednesday 28 October 2020

For the latest information
www.dhhs.vic.gov.au/coronavirus

VICTORIA State Government | Health and Human Services

Situation in Victoria



Current restrictions

The State of Emergency and State of Disaster have been extended until 8 November 2020 ensuring there can be enforcement of the Chief Health Officer's

- There are no restrictions on the reasons to leave home. If you live in metropolitan Melbourne you can still only travel 25kms.
- If you can't work from home, you can go to work, and you do not need to carry a permit. However, you still need a permit to travel between metropolitan Melbourne and regional Victoria for work or study. If you can work from home, you must continue to work from home.
- You can see friends and family outdoors in a public place in a group of up to 10 people.
- You can have up to two people from the same household visit you at your home. You can only visit people within 25km of your home. It is strongly recommended you keep your mask on when visiting friends and family. By wearing a mask, you can help keep them and you safe
- Shops can open. While shopping you need to respect the limit of allowed patrons in a shop. This limit on patrons is in place to ensure everyone in the shop can keep 1.5 metres distance.
- Personal care and body art services can open. They can only offer services where the customer can wear a face mask during the entire service.
- Cafes and restaurants will open, with limits of people - 20 indoors (10 per indoor space) and 50 outdoors.
- Non-contact sport outdoors can resume for adults.
- You can exercise outdoors in a group of up to 10 people. A trainer is allowed in addition to this limit.
- Some outdoor entertainment venues can open.

Current restrictions

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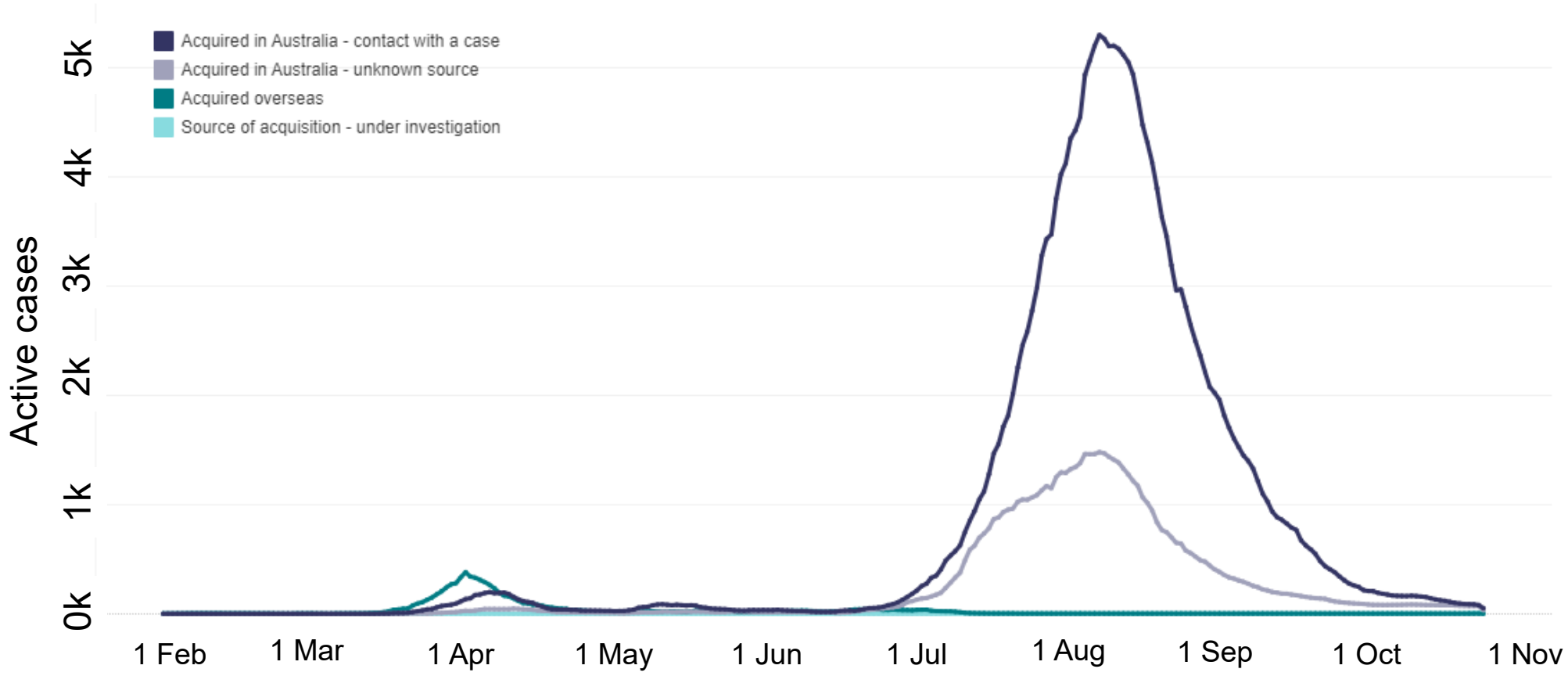
- You can have an outdoor wedding with up to 10 people. This limit includes the couple and two witnesses. It doesn't include the celebrant or photographer. If a wedding is held at a private residence, private gathering restrictions apply.
- Funerals are allowed with up to 20 people. This limit doesn't include babies under 12 months of age, or the people required to conduct the funeral. If a funeral is held at a private residence, private gathering restrictions apply.
- Outdoor religious gatherings near a place of worship for up to 20 people plus a faith leader are allowed. Indoor religious ceremonies are allowed with up to 10 people plus a faith leader. While attending a religious gathering or ceremony there are steps you need to take to keep yourself and others safe including not sharing food, drink or items.
- Accommodation remains closed for the purposes of holidaying.
- Restrictions on travelling into regional Victoria remain. Businesses including hospitality, personal services and tourism venues in regional areas must continue to check IDs.
- Face masks are still required when leaving home.
- Workforce capacity limits on manufacturing, construction, medical, pharmaceutical and PPE supply sectors are removed. Site visit limits on specialist contractors are also removed.
- Tours in outdoor spaces may resume with groups of up to 10 people, plus the minimum number of people required to conduct the tour. Tours in indoor spaces are not permitted.
- Tour transport is permitted in open air vehicles, for groups of up to 10 people, plus the minimum number of people required to conduct the tour.

Transmission of COVID-19

Mode of transmission over time



The Aim: Stopping at one: Enhanced outbreak prevention

The Victorian Government is committed to program of continuous improvement to enhance COVID-19 case management, contact tracing, outbreak management and prevention. As part of this, client service management is being established.

It will provide a dedicated individual or team to support each case/household to provide a coordination, communication and journey oversight function across the multi-disciplinary and (often) multiagency response.

The client service management model will provide better outcomes for clients, as well as internal and partner agencies through:

- An improved and more personalised experience for clients
- Clearer and more coordinated communication across multiple settings and services, ensuring the important public health messages are understood
- Effective engagement and coordination of information flows across the agencies and service providers involved with case, contact and outbreak management
- Clear pathways to embed, track and learn from performance data and intelligence
- Improved speed and effectiveness in preventing and responding to an outbreak

The function will work alongside the detailed existing performance management and monitoring (the internal systems and process interface) that are in place. The function must cross over the entirety of the Covid-19 response, looking beyond CCOM.

A model is being rapidly piloted and evaluated in real time, before being rolled out across the state in a three stage approach. Eventually, the CSM approach will provide a whole of person, whole of system function.

Stage 1: Rapid activation
22 Oct – 6 November

Scope: Stand up pilot with two coordinators. Initially a coordinator provides a single point of contact for new cases that do not meet exclusion criteria and for any of their household contacts. Learnings will inform Stage 2. The initial scope of role is limited and within CCOM.

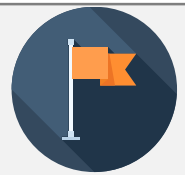
Workforce: Nominated Authorised Officer from case & contact team plays coordinator role.

Stage 2: Implementation
6 - 30 November

Scope: Scale up pilot and operationalise end state by recruiting and training more coordinators, updating SoPs, expanding scope of role to a more complete cross agency function (testing, community engagement etc.).

Workforce: DHHS coordinate with LPHU, begin recruiting into new positions, redistributing current workforce and develop case service management function.

Stage 3: Business as usual
December onwards



Scope: Transition to BAU client service coordination function by operationalising the full scope of client management function (whole of person, whole of system)

Workforce: Staffed by LPHU service staff with DHHS oversight of performance and overall coordination across all units and agencies.

The Current State: Client services management – rapid activation

A rapid activation pilot commenced 22 October with *two senior client coordinators*. For the next two weeks these coordinators will manage up to five households each to test the model, and help ensure there is an appropriate level of responsiveness to client needs as well as consistency of messaging by:

- Being the consistent point of contact for the case and their household contacts;
- Schedule and conduct the **initial interviews** and the **clearance calls**[1];
- Help lead the creation of a tailored **'public health plan'** for the case and household;
- Based on the plan, connect clients to other departmental teams to ensure **coordination of communication and information**, and **facilitate handovers** between agencies where indicated;
- Aligning with the COVID-19 clinical pathway of each case and household contacts, **contacting the GP** pre- or post-interview;
- Receiving **inbound calls** from the case during business hours for addressing or triaging questions raised during the case and contact journey;
- Coordinate changes in **the communication plan** to respond to client needs; and
- **Maintain oversight** of the response activities for case and household contacts until the point of clearance.

Insights from the pilot are being captured daily, and a mid-point and final review will be conducted to support incorporation of learning into the long term delivery function. The intention is to develop teams to support each senior client coordinator with client services management teams. Initially these teams will be a redistribution and allocation of current DHHS resources.

The goal is from ~mid November, all new cases will be allocated a client services management team, led by a senior client coordinator.

Note 1. Where not done by Positive Care Pathways. Note also that feedback will inform if this is appropriate, and scalable.

The Plan Ahead: Three phase evidence based delivery with rapid activation and learning

Stage 1: Pilot 22 October – 6 November	Stage 2: Intermediate 6 – 30 November	Stage 2: End state December – onwards
Outcome: Establishment and testing of client services management (CSM) function	**Outcome:** Establishment of client services management function for all new cases	**Outcome**: Full scope of client management function activated (whole of person, whole of system)

Key activities:
• Establish CSM function with the identification of two senior client coordinators
• Establish and test CSM approach, identifying highest value coordination actions
• Improve client management with the coordinator acting as the single point of contact for clients during business hours Monday – Saturday
• Coordinate services required by the client, liaising with (some) other agencies and services as required
• Socialisation of CSM function across DHHS
• Recording of daily insights and learnings
• Mid-pilot review to share insights and address 'low hanging fruit' and things not operationally working
• Identify capability requirements needed to deliver CSM functionality and test workload 'ceiling' for coordinator role
• Identify additional supports or tools required, and commence redevelopment of SOPs, workflows, interagency comms., pathways, templates, scripts
	Key activities:
	• Leverage continued review to expansion CSM functionality with team support to the coordinator role; beginning with the redistribution of existing resources.
	• Process alignment with optimisation including:
	  • ERP process update
	  • Unknown source of acquisition SOP
	  • Teams 1-5 operating model refresh
	  • Outbreak squads & Operation Vestige
	• Readiness and Training including:
	  • L&D package and e.g., interview masterclasses
	• Widening stakeholder engagement and communication:
	  • Primary care and GPs
	  • DHHS internal
	  • Interagency
	• Communications and documentation development:
	  • Client facing
	  • Internal stakeholders
	  • External stakeholders
	• Development of transition plan to expand functionality across regional and local PHUs
		Key activities:
		• Expansion of CSM functionality across all of government and community services involved in the broader Covid-19 response
		• Establishment of, and embedding continuous improvement evaluation and metrics reporting
		• Embedding of a process for retrospective learning from outbreaks through existing outbreak lessons learned protocol
		• L&D program established across agencies for continuous development
		• Development of CSM network across agencies

Client Service Management function: 2 FTE	**Client Service Management function**: 5+ FTE (TBC)	**Client Service Management function**: <15 FTE (TBC)
Number of cases / households: ~10 households	**Number of cases / households:** TBC	**Number of cases / households**: TBC
Scope of active coordination: CCOM	**Scope of active coordination**: DHHS (including health and wellbeing)	**Scope of active coordination :** whole-of-government, community partners etc.

Client Service Management and General Practitioner engagement

Past

Pre-March 20

- Calls were placed to GPs prior to interview wherever a number was on file
- Efforts were made to contact the GP, but this was not always successful
- Feedback from some GPs during this period was that they often could not offer additional insight to support DHHS public health efforts

Post-March 20

- At high daily case numbers, GP contact was initiated when a case was proving difficult to contact
- GPs were also successfully leveraged at times with particularly complex households to help deliver critical public health messages and facilitate contact tracing efforts of DHHS

Current

CSM pilot phase and ramp-up

- Two senior coordinators appointed as part of the new Client Service Management function
- Key activity is to link in with GP either before or after the initial interview to gather any relevant insights on the case, household (including household context, need for translation services etc.)
- Ongoing liaison with GPs as indicated via the coordinator
- Until we get to scale, have reimplemented GP contact 'as a rule' either before an interview (wherever details are on file) or after the interview

Clearances (COVID Positive Care Pathways program)

- For GPs involved in COVID Positive Care Pathways program, we appreciate the regular sharing of symptom data via respective Health Services to support clearance assessments

CSM end-state (December onwards)

CSM end-state

- At-scale CSM function; all cases and households managed under CSM
- GPs optimally engaged in public health response, leveraging the GPs unique relationships and knowledge, with variation based on LPHU (particularly true for GPs who are already playing a central role in the coordination of care of their COVID-19 patients/clients)
- GPs engaged 1:1, but also through regular group forums to ensure timely dissemination of information/changes, and two-way communication channels for input as part of overall continuous improvement (facilitated through DHHS Health and Wellbeing team)

1800 595 212

HeadtoHelp

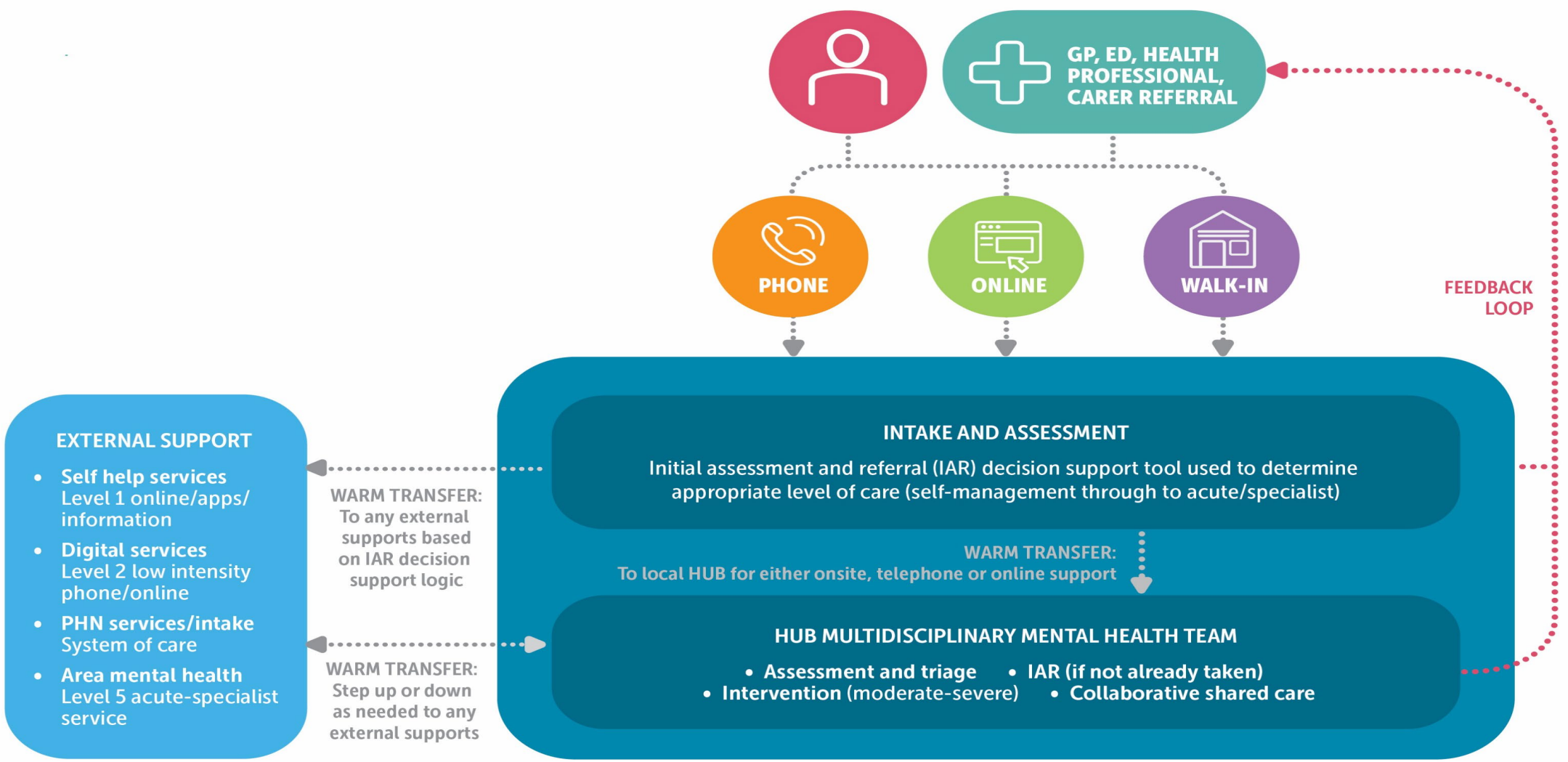
1. Have a conversation

2. Determine the level of help that you need

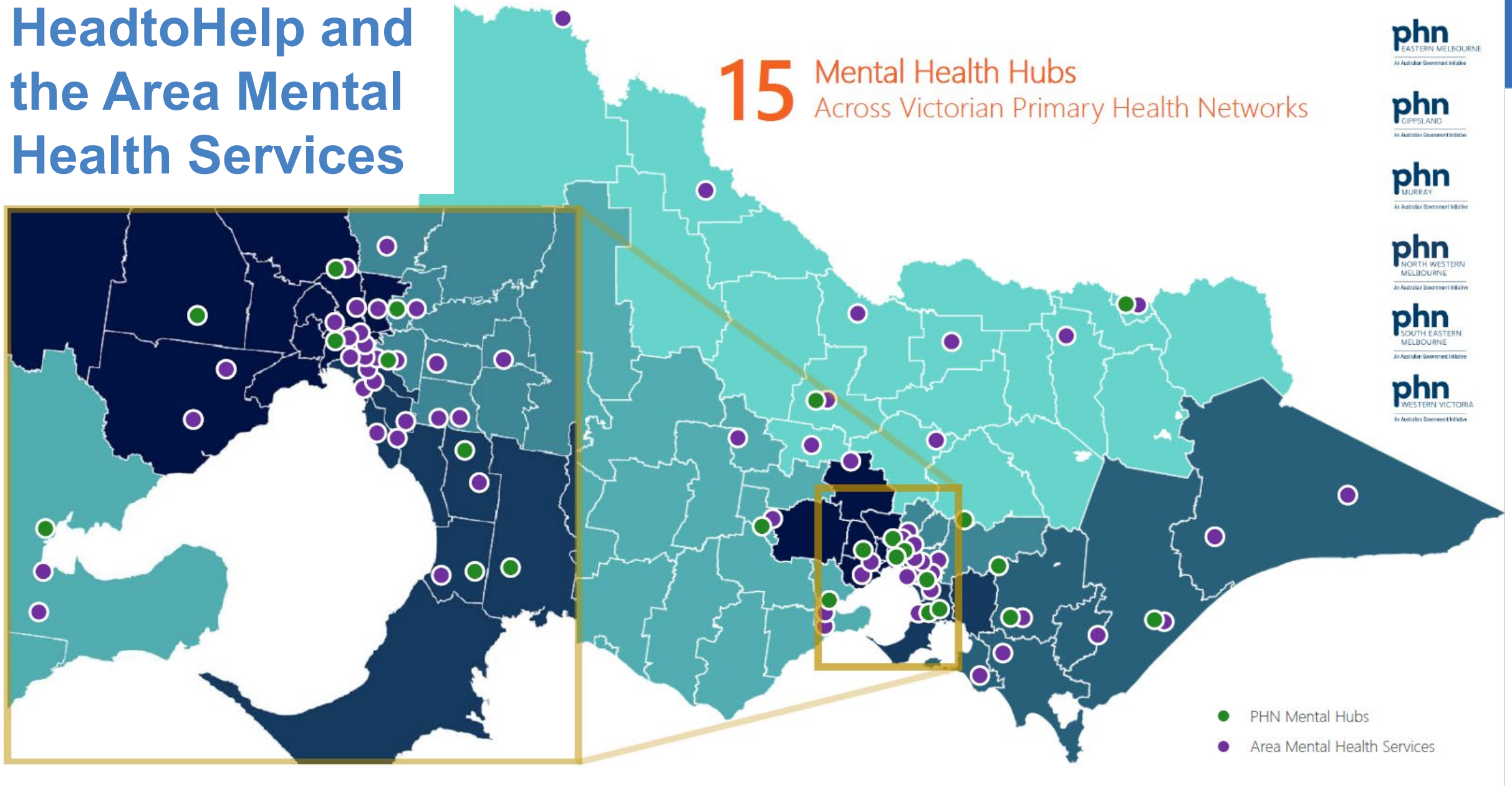
3. Connect to the best service for you

To find out more go to: **headtohelp.org.au**

Head to Help Hub Model



HeadtoHelp and the Area Mental Health Services



HeadtoHelp Hubs

North Western Melbourne PHN

DPV Health

Broadmeadows

www.dpvhealth.org.au

IPC Health

Wyndham Vale

www.ipchealth.com.au

Clarity Healthcare

Brunswick

www.clarityhealthcare.com.au

Western Victoria PHN

Barwon Health

Norlane

www.barwonhealth.com.au

Ballarat Community Health

Sebastopol

www.bchc.org.au

HeadtoHelp Hubs

Murray PHN

Bendigo Community Health Service

Bendigo

www.bchs.com.au

Gateway Health

Wodonga

www.gatewayhealth.org.au

Gippsland PHN

Warragul Specialist Centre
Warragul
www.warragulspecialistcentre.com.au

Inglis Medical Centre
Sale
www.inglismedical.com.au

HeadtoHelp Hubs

South Eastern Melbourne PHN

Berwick Healthcare
Berwick
www.berwickhealthcare.com.au

Young Street Medical and Dental Centre
Frankston
www.healius.com.au

Officer Medical Centre
Officer
www.officermedicalcentre.com.au

Eastern Melbourne PHN

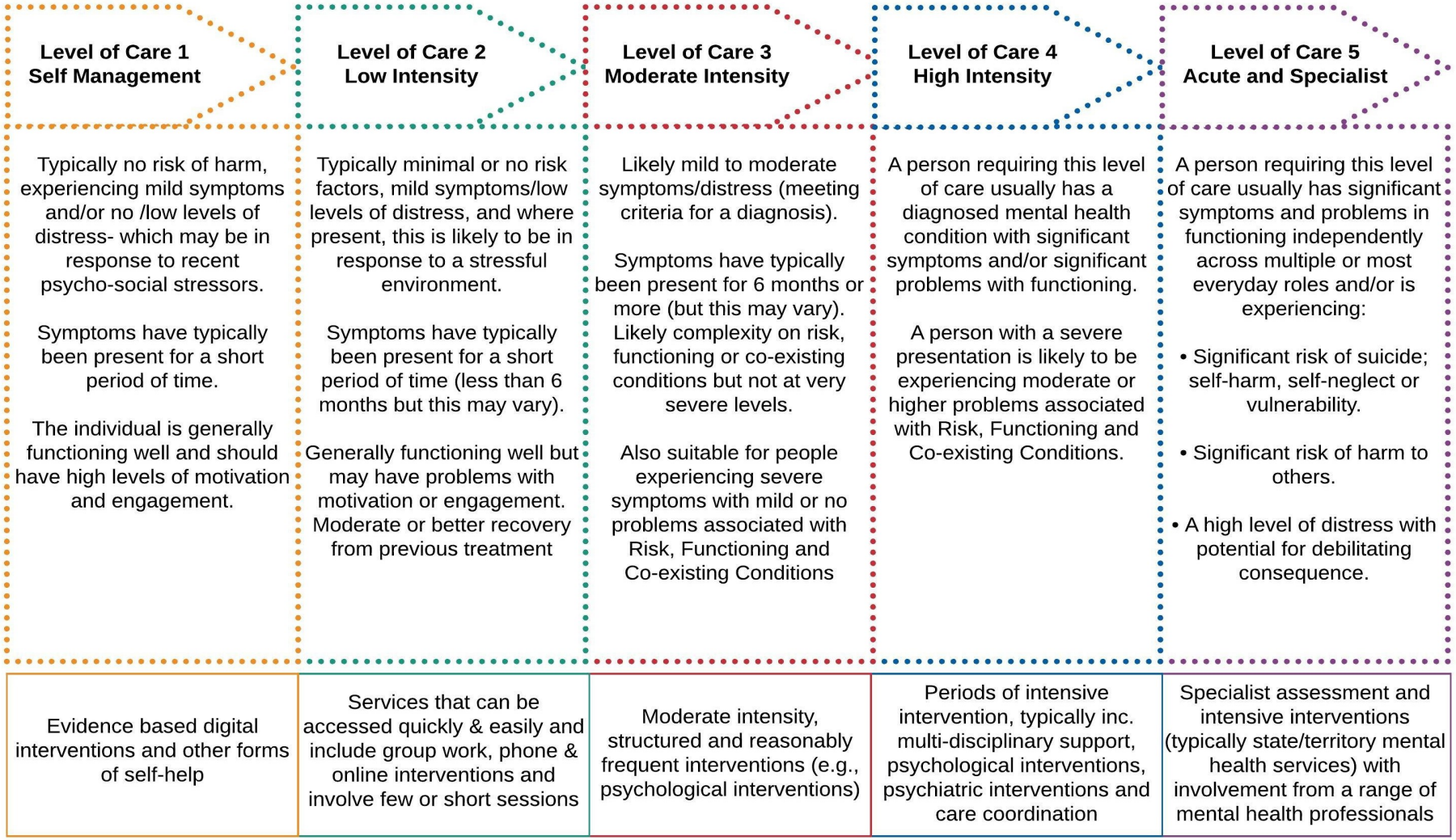
Access Health and Community
Hawthorne
www.accesshc.org.au

Access Health and Community
(Lead within consortium)
Yarra Junction
www.accesshc.org.au

Banyule Community Health
West Heidelberg
www.bchs.org.au

Initial Assessment and Referral (IAR)

LEVELS OF CARE



Australian Department of Health, National Initial Asssessment and Referral for Mental Healthcare Guidance, 2019

1800 Interim solution from September 14 (call routing) | DRAFT