

Hospital Code Brown ends – what this means in primary care

Pandemic Code Brown Stand Down

Background

- A pandemic Code Brown commenced at midday on 19 January 2022 in response to a state-wide emergency brought about by COVID Omicron outbreak
- The de-escalation of the Code Brown was activated at midday on 14 February 2022

What are the next steps?

- Although the total number of COVID patients hospitalised is trending down, the health workforce and overarching system remains under significant pressure
- Standing down Code Brown does not remove the protections and initiatives in place before its commencement (e.g. alternative workforce and surge models of care)
- The Health Service Response Centre, which was activated early in the Omicron wave to manage Code Brown, will, in the short term, oversee and coordinate the return of services (e.g. elective surgery) and support the system to transition to a COVID BAU operating environment
- Health systems should remain in a state of readiness due to potential increasing system demands

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What does the “new normal” (post-Code Brown) look like in terms of ongoing hospital services, surgery, outpatients, ED?

- A continuation of some public health restrictions to protect the health system and phased re-commencement of health service activity will support the workforce and promote the quality and safety of healthcare delivery
- Planned activity such as outpatient appointments, elective procedures and therapy will be carefully assessed and resumed in a manner that promotes equitable access along with safe and efficient delivery
- The lifting of surgery restrictions is starting with private hospitals which are less involved in the care of COVID patients, along with regional public hospitals
- Patients waiting for non-urgent elective surgery should reach out to their GP if their condition gets worse, so they can be reviewed and re-prioritised to a more urgent category if required

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Is there a plan to catch up on urgent and non-urgent treatment and care?

- An approach to system wide strategy development is being developed with the aim of optimising provision of care as the health system shifts from pandemic to endemic COVID-19
- This will involve balancing the need to catch up on care with readiness to pivot to respond to future variants and workforce recovery

Key reform directions

- **Prioritisation of care in deferred care catch up planning:** Defining the relative prioritisation of different types of interventions and ensuring equity of access across different cohorts
- **Embedding Health Service Partnership collaboration:** HSPs engaging in a more meaningful way to provide catch up care, via shared accountability for service delivery targets
- **Consolidation of activity:** Aligning shared planning processes and targets across HSPs with the consolidation of elective surgery into high volume centres to lower costs and provide higher quality of care provision
- **Strategic commissioning from private health services:** Development of a state-wide commissioning and procurement approach to ensure that HSPs can effectively access private hospital capacity

For further information visit: <https://www.health.vic.gov.au/covid-19/pandemic-code-brown>