PARLIAMENT OF VICTORIA

Pandemic Declaration Accountability and Oversight Committee

Restrictions on hospital visitation under Pandemic Orders

Questionnaire

Purpose of questionnaire

The Pandemic Declaration Accountability and Oversight Committee, as part of its functions issued under the *Public Health and Wellbeing Act 2008*, is conducting a review of the Pandemic (Visitors to Hospitals and Care Facilities) Orders (Nos. 1 to 5) and the Pandemic (Public Safety) Order.

The Committee has issued this questionnaire to all Victorian hospitals to understand how the Orders has been implemented and to identify any issues hospitals have experienced related to the Orders.

The Committee notes that as of 11.59 pm 22 April 2022, restrictions on hospital visitation (except for the requirement to wear masks) were revoked. However, the Committee still wishes to understand the experience your organisation has had with the Orders, including the implementation of previous orders. In particular, challenges faced in enforcing the Orders and managing exemption requests.

Please note, this information may be used and published by the Committee as part its reporting.

Response

Please provide a response to the questionnaire by **9 May 2022**.

The completed questionnaire should be sent to: pdaoc@parliament.vic.gov.au.

Austin Health Response

1. *Has your organisation implemented visitor restrictions that are in excess of the restrictions detailed in the orders? If so, when did this occur and in what circumstances?*

Austin Health has taken a conservative approach to visitor restrictions and at times over the past 2 years has implemented additional restrictions beyond those detailed in the Pandemic Orders. The premise for this was always to protect the workforce and patients from the risk of increased exposure to COVID and was based upon an assessment of the relative risk of COVID transmission in the community at the time. Examples include restrictions to the number of visitors to palliative care wards, when the Pandemic Orders allowed for unlimited visitors. These decisions were always a collaboration between infectious diseases and infection control physicians and members of the Executive, with input from senior members of clinical operations management.

2. *Has your organisation received any complaints about visitor restrictions? If so, what were the outcomes of these?*

Yes, there were complaints that were received by the Patient Experience Unit. Many of the complaints were usually in relation to the exemption criteria and were assessed on a case-by-case basis. The Austin Health *Visitor Access during COVID 19 Pandemic* policy provided employees with a framework to guide escalation of visitor exemptions requests. Any exemption requests that were declined then triggered a process which involved staff facilitating and supporting alternative means of communication between patients and their significant others.

3. *Have there been instances where your organisation has misinterpreted the restrictions under the orders (e.g., when orders have changed or through confusing language in the content of the orders)?*

At no point have the Pandemic Orders been unclear or misinterpreted. However, during times where the Pandemic Orders were changing frequently, there were transient periods of inconsistency between the Orders and Austin Health's *Visitor Access during COVID 19 Pandemic* policy. This proved challenging, balancing public expectations with Orders and ensuring the Austin Health *Visitor Access during COVID 19 Pandemic* policy was updated and aligned with the Order changes.

4. *How many applications for visiting exemptions has your organisation received and how many been approved?*

There were approximately 60-80 exemptions per month. However, this has varied significantly since the inception of visitor restrictions and peaks and troughs have been commensurate with the level of restriction applied at the time. The majority of exemption requests were appropriate, with approximately 85% of requests approved. The major themes in exemption requests included:

- Visitation outside of visiting hours
- Allowing entry for the unvaccinated visitor (now no longer requires exemption)
- To visit a COVID positive patient (now no longer requires exemption)
- To allow a visitor in the peak of COVID waves (particularly wave 2 and wave 3) where the Pandemic Orders restricted visitors completely.
- To allow additional visitors at the bedside during end-of-life care (EOLC) (as the Pandemic Orders stated no more than 2 at the bedside a time).

5. *What staff member of your organisation has assessed applications for exemptions?*

This was dependent on the type of exemption being requested and the associated circumstances. Most exemptions were managed at a Divisional Director level, with the vast majority within Cancer Services. As mentioned previously throughout this questionnaire, the *Visitor Access during COVID 19 Pandemic* policy provided a framework to guide the appropriate approval, based on various circumstances. Those involving greater risk required the input of either an Infectious Diseases Consultant and at times Executive level approval.

6. *What steps were taken to inform all visitors and their relatives of visiting rules and capacity to apply for an exemption?*

The Austin Health Corporate Communications team were engaged to communicate relevant updates. This was achieved through utilising various platforms of communication including the organisation's website and social media accounts. Furthermore, posters on entry to campus buildings assisted to inform visitors and members of the public of the changes. Austin Health found the most effective communication method to be the Nurse In Charge of ward areas providing updates to the patients and their family members at the time of the change.

7. *What steps were taken to advise staff of the availability of the exemption process when dealing with the public and visitors to patients?*

Austin Health uses multiple modalities for communicating to employees both changes and how the relevant information relating to the change could be accessed. This is circulated via formal communication emails and webinars for all staff, publicised on the organisation's intranet and through various large-scale meetings which capture a high proportion of stakeholders who are impacted by changes to visitation restrictions. The nurse unit manager (NUM) and associate nurse unit manager (ANUM) groups have also been appointed as a central escalation point for their own ward/unit where they are made aware of the exemptions and the escalation process. If the issues cannot be addressed at this level, the escalation process follows the organisational reporting structure to seek resolution. Furthermore, additional support is provided through the after-hours site manager (AHSM) and Executive member on-call for time critical decisions that are required out of business hours.

8. *What was your overall impression of the system, and could it have been improved?*

Overall, the system was robust. However, some small adjustments would have resulted in smoother processes and a better experience for Austin Health's staff, patients and their significant others. These include:

- Notification to the health services of changes to hospital visitor restrictions, prior to public media announcements. This would allow health services to update their policies and communicate changes to their employees in accordance with the announcements and better manage the expectations of the general public.
- Increased consultation with health services prior to changes. This would have provided opportunity for improved consistency between hospitals which would have reduced some

distress for employees at point of care and potentially seen an overall reduction in complaints.

- Announcements relating to changes made early in the working week (i.e. Monday to Wednesday) to optimise support for both employees and members of the general public to transition through the change. Changes made late in the week were found to be challenging, given there was then a lead time for health services to both update and communicate their policy changes to employees and members of the public.