

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.

Questions

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?

Western Health has always acknowledged the valuable and unique contribution that visitors make to the health and wellbeing of our patients. Wherever possible, Western Health has taken the least restrictive approach.

However, a number of additional safety measures were put in place by Western Health for various periods, in addition to the limitations required under the Pandemic Orders, following a risk assessment made by our expert Infectious Diseases and COVID Response teams.

The nature of the additional safety measures related to:

- The physical infrastructure of the service and ability to physically distance – in some clinical areas fewer visitors were permitted than the maximum permitted by the Pandemic Orders due to the physical infrastructure available. E.g. One support person permitted in some locations and settings where the Orders permitted two.
- The prevalence of COVID in our local area and community – an assessment of local conditions informed the number of visitors and the duration of time that people were permitted to stay for. Generally visits have been restricted to 2 hours unless for exceptional reasons such as end of life care, where paediatric patients were involved, birthing women or in Emergency.
- To ensure the safety of our visitors – visits to patients with confirmed or suspected COVID have been restricted to a shorter duration.
- To protect our vulnerable cohorts – additional rapid antigen testing requirements were implemented and remain in place, for example for visitors to New Born Services regardless of vaccination status
- An evidence based assessment of transmission risk following recent infection – WH requires people who have tested positive in the last 7-10 days to undergo a rapid antigen test prior to visiting.

These additional safety precautions were put in place based on expert advice from Western Health's Infectious Diseases team taking into consideration specific local COVID prevalence and transmission trends, local population and community factors and the needs of the health service to ensure that at risk patients, staff and visitors remained safe and Western Health could continue to provide the services required.

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

Western Health received a number of complaints related to visiting during the period that the Pandemic orders were in place. Complaints generally related to the following themes:

Communication with treating teams: some complaints from family and support people related to having less access to the clinical teams looking after their loved ones, and therefore receiving inadequate communication about the care that was being provided and the progress of the patient.

Length of time and number of visitors permitted: this was particularly noted in relation to end of life care, where a maximum of two visitors were permitted at a time under the

Pandemic orders. This meant that visitors had to leave to allow other family and friends to visit and minimized the amount of time individuals could spend with their loved one. It also limited the opportunity for large family groups to spend time and grieve together.

Consistent messaging: this related to when families felt that they had received mixed messages about what was permitted, both from the media/external sources and from different people within the health service.

Complaints were resolved by escalation to the Western Health Patient Experience team who worked with local ward leadership to resolve issues. Where possible, and where permitted under the applicable Visitation guidelines, additional visitation was facilitated. Avenues to improve communication were explored and implemented, such as virtual visiting options. All complainants received a response and an outcome to their complaint. If the complainant was not satisfied with the response they were referred to the Health Complaint Commissioner if they wished to lodge a further complaint.

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)?

The language of the Pandemic Orders has been confusing at times, noting that the Orders used a legal framework and terminology that was less familiar to the staff involved in the interpretation and implementation of the guidance. At times it has been necessary to seek further clarification from the Department of Health regarding the intended interpretation of particular clauses. This resulted in delays on occasions in the implementation of changes to visitation guidance as new Pandemic Orders came in.

In addition, at times it was noted that there was conflicting guidance available to the public online at pages such as: <https://www.coronavirus.vic.gov.au/checklist-cases> and the specific content in the Pandemic Orders. This has caused confusion on at least one occasion with members of the public quoting outdated information available on the internet that did not align with the current Pandemic Orders. Where discrepancies were identified, the Pandemic Orders were followed as the legal requirement for health services.

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

While the Pandemic Orders were in place there were limited reasons why people could visit health services. Western Health implemented a two tiered approach to exemptions:

- General exemptions: a local screening/approval process for visitors who met the criteria for visiting under the guidelines outlined in the Pandemic Orders and WH guidelines as permitted reasons for visiting. The number of visitors approved under general exemptions has not been quantified, however there were a significant number each day.
- Special exemptions: an additional approval process where more senior or additional approval processes were required. These aligned with the Pandemic Orders, such that a WH Executive Director of Nursing (or appropriate delegate) was required to approve +/- obtaining additional approval from the Chief Health Officer or Western Public Health Unit as required under the applicable Pandemic Order (1 through 5). It is estimated that in the last few months of the Pandemic Orders being in place,

approximately one special exemption request was escalated to the Western Public Health Unit each day.

Wherever possible both general and special exemptions were approved. WH implemented streamlined processes to seek approval for special exemptions in a timely manner. The close and effective relationship between Western Health and the Western Public Health Unit facilitated this process.

- What staff member of your organisation has assessed applications for exemptions?

Requests for special exemptions were initially assessed by an Infectious Disease Consultant, or once processes were more established by a treating Medical Consultant, who was required to confirm that the relevant exemption criteria were met and that the visit could be safely facilitated by the team e.g. from a resource/ PPE perspective.

Once confirmation was provided this was escalated to the relevant Director of Nursing & Midwifery aligned with relevant clinical Division or Director on Call, as delegated by the Executive Director of Nursing. Finally the request was placed to the Western Public Health Unit who provided authorization or sought further DCHO/CHO approval depending on the requirements under the relevant Pandemic Order.

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

Visiting rules were communicated to the public via Western Health's internet page dedicated to Coronavirus. In addition, changes were highlighted in WH social media posts on Facebook, Twitter and other media. Signage is in place at entry points to the organization. Western Health's telephone enquiries service implemented an automated option for COVID related enquiries to triage calls and connected the caller to a switchboard operator able to communicate COVID related information to the public and escalate to the COVID Response team for further advice as required.

Furthermore, Western Health's Coronavirus microsite where all COVID related procedures are stored is available to the public on the internet here: <https://coronavirus.wh.org.au/>

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

All of Western Health's COVID related guidance is available on our microsite here: <https://coronavirus.wh.org.au/> including Visitation specific QRGs.

In addition, changes were communicated via:

- Operations Bulletins posted on the microsite and emailed to all staff whenever a change occurred.
- The Daily Operating System meetings
- Weekly Operations Managers and NUM meeting updates
- Regular Heads of Unit meetings
- The WH COVID Staff Enquiries Service, available to take calls and questions as required.
- The Western Health COVID Response team were also available for enquiries related to visitor exemptions via a dedicated email address

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

During the pandemic it has been clear that safety measures to protect patients, staff, visitors and health services have been required. Western Health has consistently implemented an approach to balance the risks versus the benefits of having additional people enter the service. The Pandemic Orders provided a consistent starting point for health services when undertaking a risk assessment for visitation which was helpful. However, there were also a number of opportunities to improve this system as outlined below:

Communication to the public:

Communication to the public should have more clearly and consistently delineated the difference in risk and guidelines for sensitive settings such as hospitals and care facilities, and the community. General public communications created unrealistic expectations amongst the public as to the access that they would have to a hospital setting and did not clearly communicate why there were more restrictions in sensitive settings, e.g. To protect a vulnerable population. Communications to the public also did not clearly convey that individual health services may have different levels of visitation based on risk factors such as the physical infrastructure or local community conditions. This was evident in a number of the complaints received during this time.

Narrative/language:

It was noted that the visitor rules have been labelled as 'restrictions' rather than 'protections' in the media. Though this is a nuance of language, it may have been important in the management of visitor expectations and the incidence of occupational violence noted during this period. Western Health has noticed an increase in OVA incidence throughout the COVID pandemic. The use of punitive, restrictive language in the media and more broadly created a certain type of narrative that may have been an important, overlooked factor in this trend.

Consideration of the implementation of extra layers of protection:

Recent access to additional PPE for the public such as N95s has improved confidence in easing of visitation limits. Had this been available earlier, Western Health may have been supportive of permitting increased visitor access sooner. This would likely have improved patient experience during the relevant time period.

Approval process for exemptions:

It was noted that amending the Pandemic Orders to permit local public health units approval of visitor exemptions where previously DCHO or CHO approval was required increased the speed and ease of accessing visitor exemptions. The close and established relationship between the Western Public Health Unit and other areas of Western Health ensured that this process was smooth and streamlined, where previously it had been more challenging.

The timing of changes in Pandemic Orders:

Several of the Orders came into effect at midnight on a Friday (Orders 3 and 4). This created implementation challenges for health services over weekends when fewer staff are working. Consideration should be given to the timing of changes to orders to align with Health Services operational capacity to implement in a timely manner.