

**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](mailto: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?

Eastern Health is a large organisation, comprising a range of inpatient, outpatient and community services spanning a large geographic region. Careful and considered planning was undertaken with each update to visitor restrictions; meeting the order requirements whilst supporting and prioritising safe visits to site.

There were occasions where visitor restrictions were in excess of restrictions detailed in the government orders. Some additional restrictions were requested by our Mental Health Program, where the role of the carer/support person was integral to the patient's treatment plan.

Risk based assessment specific to clinical units meant additional safeguards were implemented at times to reduce risk of virus transmission to vulnerable groups. Broadly, attempts to standardise visitor restrictions and criteria for visitor exemption were made when implementing the orders.

The interpretation of the term 'carer' varied between the organisation and the broader community, creating confusion and frustration at times. Eastern Health was required to further define criteria for who was considered a carer when supporting applications for visitor exemption, due to the large numbers of requests for visitors to attend sites.

Prior to the vaccination, physical distancing requirements played a large role in determining the visiting hours that would be made available for carers, due mainly to limitations in lift capacity and patient room size.

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

During 2020 and 2021 Eastern Health received 131 complaints which related to visitor restrictions. These complaints ranged from complainants wishing to express their dissatisfaction with visitor restrictions but not requiring a response to their feedback, to those who required a review and response to their feedback and were often seeking an exemption or change to the restrictions. Those complaints requiring a response were managed in line with our organization complaint handling processes which involves the relevant clinical area reviewing and responding to the complainant. The outcome of the complaints varied. In many cases our response was to reiterate the reasons behind the restrictions including compliance with the orders and apologise for the impact this had on patients, families and carers.

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)?

There were no clear instances where Eastern Health misinterpreted the restrictions under the orders.

As per the response to question one above, regular changes to the orders and ambiguity in the interpretation of the term 'carer' resulted in inconsistent application of visitor restrictions across the organisation. Eastern Health took steps to more clearly define criteria for visitors due to a large number of requests from families to visit their loved one in hospital. Despite these efforts, there remained some inconsistency in how visitor exemptions were applied and approved across clinical units.

Rapid changes to pandemic orders meant staff may have at times provided outdated information to patients and families regarding visitor restrictions and exemptions. Changes to orders heralded a wave of updates to a number of public health measures at once, impacting communication and understanding of specific details relating to each change for all involved.

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

As records were not required to be kept beyond 28 days of visiting, numbers of applications for visiting exemptions are no longer available. A very large number of requests were submitted from visitors hoping to attend on site to deliver care and support. The majority of visitor exemptions were approved for carers and families supporting patients for end of life care.

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

As previously described, Eastern Health is a large organisation with a range of inpatient, community and mental health services and facilities. Clinical units were responsible for assessing applications.

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

A number of channels of communication were used, including:

- Eastern Health website
- Letters for patients delivered on meal trays
- Eastern Health social media channels, including Facebook, Twitter, and Instagram
- Posters and notices displayed at site entrances
- Patient information brochures e.g. End of life visitor support information

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

The following methods of communication were utilised:

- Digital communication channel updates, including EH Workplace, intranet and Staff Hub
- Regular (at least weekly) email communication through operational reporting lines
- Daily huddle reporting and escalation process within program areas
- Communication from Site Directors to leaders and managers at each site regarding information specific to location of service

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

Confusion and frustration aligned to visitor restrictions and management of exemption requests was evident from staff, patients, families and the wider community. Rapid changes to orders and difficulties ascertaining a definition of a 'carer' were responsible in part. A significant number of consumer complaints is evidence of this.

Given Eastern Health's large range of clinical services, consistent interpretation and implementation was challenging. Despite this, careful and considered planning was undertaken to ensure orders were met and visitors supported to attend safely.

Messaging adopted during Chief Health Officer media updates such as 'easing of restrictions' meant the community perception of visitor permissions was at times different to the reality of restrictions described in the orders. Rapid changes to orders, with tight timeframes for implementation of changes often within 24 hours, meant communication to staff, patients, families and the wider community was challenging. If the situation was to occur again, it would be very much appreciated if there is greater understanding of the lead time required to implement these changes with a minimum of 48 hours lead time required.