Mission 1: Health Emergency

Mission Implementation Plan:

1. Scope
2. Mission implementation report
3. Supporting information

1. Health Emergency

Lead: Kym Peake

Leadership of the whole-of-government response to health crisis

SCOPE

This mission will cover

- Epidemiological modelling to inform WOVG planning
- Public health management and prevention
- Adaptation of healthcare delivery to 'new normal'
- COVID-19 testing – sites, guidelines, supply
- COVID-19 case quarantine, contact tracing & isolation
- COVID-19 case treatment and recovery
- Managing demand & safe continuity of care for BAU patients
- Marshalling & direction of public and private sector resources
- Health workforce – expansion, training, COVID-19 cases, union negotiations; protocols and guidance
- Infrastructure – expansion, upgrading, commissioning
- Health supply (chain) needs – equipment, PPE, consumables

KEY PRIORITIES

Establish effective control over the pandemic

- Identify, test and quarantine cases, with increasing community coverage
- Trace and isolate contacts, with increasing speed and sophistication
- Put in place key supports to enable safe quarantining and isolation
- Prevent the spread by providing public health guidance on advice of the Chief Health Officer, determining strength and duration of physical distancing measures, and determining when and how these measures are tightened or relaxed
- Securing necessary WOVG health equipment and supply to keep Victorians safe

Manage the health sector frontline response

- Minimise risk of COVID-19 transmission among patients & healthcare workforce
- Maximise system capacity (available beds, workforce, equipment, PPE) to meet expected demand, and maintain capacity on standby after containment
- Prevent and address physical & psychosocial pandemic impacts on the community
- Ensure safe access and continuity of care throughout the pandemic
- Consolidate system governance & management to ensure performance & resilience

NEXT LEVEL PRIORITIES

- Advice into National Cabinet and AHPPC (through office of CHO)
- Calling on and providing advice to police on tracing/isolation/lockdown support
- Modelling epidemiological scenarios and forecasts
- Monitoring financial implications on sector

INTERDEPENDENCIES

- Economic Emergency – to advise on impacts of public health measures
- Economic Supply chains – to assist with procurement and identify and free up supplies/ housing, venues for isolation
- Essential services – Police for contact tracing and isolation enforcement plus links of social services with health sector
- National Cabinet – coordination of national positions and population level advice/managing sector impacts

NOT IN SCOPE

- National and international information will be reported through the Critical Information Unit
- Public health communications will be managed through central comms

CAPABILITIES

- Health and public health policy and analytics – sits primarily within Health in DHHS, with pockets of expertise across Vic Gov
- Procurement/logistics skills – skills sit across Vic Gov, inside and outside Health
- Comms/workforce/IT – skills sit across Vic Gov
- Police and law enforcement

POSSIBILITIES FOR REGIONAL DEVOLUTION

- Health supply chain monitoring / Local allocation of resources
- Information sharing at a local level
- Local contact tracing/case isolation enforcement
- Hospital transfers

Mission 1 – Key decisions or issues to resolve

Insert summary slide

Impacts other missions

Item for decision

Item for information

Mission implementation report: Kym Peake

7. Implementation and planning report

Health Emergency Response - Pandemic containment

	Status	Wins	Progress	Roadblocks	Actions
Case detection, tracing and containment (Jacinda de Witts)		• **Community transmissions -** remain low • **Expanded COVID-19 testing program -** commenced on 27 April 2020, and as at 20/5 over 263,000 tests have been processed and returned • **New Rapid Response Units** launched 18/5	• Ongoing priority testing will be provided to teachers. The department is working with the Department of Jobs, Precincts and Regions to ensure that the testing program promotes access to testing to workers in food production and agriculture, meatworks, and other industries essential to our food supply chain. • Twenty Infection Prevention and Control (IPC) nurses have been deployed to form rapid response units, a program which will operate seven days a week on targeted prevention and outbreak management. Recruitment is underway to expand that core team. • The unit will rapidly deploy to the site of the outbreak to manage: - Interviews, case and contact tracing. Where necessary this will involve the requisitioning of any employer files; - Direction of isolation of people who test positive, and quarantine of their close contacts. Where it is not possible for people to isolate separately to their family at home, hotel accommodation will be provided; - Manage testing and active case finding; - Determine worksite closure requirements; and - Oversee infection prevention and control screening. • Units have commenced attending outbreak sites and undertaking prevention work.	• Close work will be required with other regulatory and enforcement bodies required to ensure worker and community safety, including the EPA and WorkSafe. • Strengthened regulatory response on outbreaks.	• Continue to report to CCC on public health system readiness
Public health interventions & communications (Jacinda de Witts)		• **Community is engaging positively** – the Victorian community is accepting and adhering to physical distancing measures.	• Effective quarantine of returned travellers and close contacts and isolation of cases • The quarantine program has supported over 10,000 returned travellers (17/5). The cumulative number of COVID-19 positive tests for hotel residents in quarantine as at 17/5 was 98 • The Victorian Centre for Data Insights suggests that Victorians are increasingly moving around more on foot in central Melbourne and while pedestrian traffic is increasing overall, it remains only about a quarter of pre-COVID-19 levels • Significant scaling up of public information capability, including website content development and call centre capability	• High demand for testing for people in quarantine for Day 3 and Day 11 • Consistency and timeliness of communications on interventions – these are being resolved to ensure community confidence retained	• Communication and messaging to community to be changed to reflect proposed changes to Directions as restrictions ease
Intelligence (Jacinda de Witts)		• **Effectiveness of strategies is being tracked** - ongoing modelling work and intelligence capability is now capturing and evaluating the impact of different public health interventions, including quarantine and isolation and physical distancing	• Extensive scale up of intelligence capability including transmission parameters and relevant surveillance indicators produced and outbreak and transmission network reporting • Periodic static and dynamic disease modelling to inform the effectiveness of restrictions • Efficient and accelerated case ascertainment and contact tracing	• Pattern of disease can change as outbreak evolves	• Expediting technology upgrades to support epidemiology and information surveillance capability • Procurement for scientific research underway with Melbourne institutes, academia and health services

Mission implementation report: Kym Peake

7. Implementation and planning report

Health Emergency Response - Health system Response

Progress for scope items	Status	Wins	Progress	Roadblocks	Actions
Health service readiness (Terry Symonds) • System response (acute & community) to maintain essential service safety & access through peak demand (hospital cohorts & clustering). • Increase public beds and ICU capacity • Agreement with privates to increase capacity and sector sustainability • Engage with C-W to resolve primary care clinics, rural pathology sustainability • Expand MH and AOD support to respond to demand and novel challenges • Support continuity of care for non COVID-19 patients		• **Hospital capacity expanded** - system response to manage demand and increase capacity agreed • **New models of care developed** – including telemedicine and out of hospital models • **Expansion of centralised reporting** for critical care utilisation • **Guidelines published** for essential acute and community-based services	• Private Hospital Funding Agreement (COVID-19) signed with 7 large group operators and 26 additional private hospital and day procedure center providers. • ICU central governance and system response underway with planning to increase ICU capacity to reflect anticipated demand. • Working with the Health Pandemic Leadership team on continuity and restoration of care for non -COVID patients, including through pooled capacity in geographic catchments, use of tele-health and home-based outreach for people with chronic disease	• Slow roll out of Commonwealth GP respiratory clinics • Rural pathology sustainability concerns with private providers • Return of aged care residents to facility following period of acute care. • Lack of flexibility in some regulatory settings • Lack of Commonwealth accountability for complex clients receiving primary care (e.g. pharmacotherapies) • Community disengagement with health care providers, leading to deferred care	• 4 week elective surgery plans • Systematic testing of healthcare workers and roll out of respiratory clinics and mobile services • Finalisation of all private hospital comprehensive agreements • In-reach models of care for RACS • Input to national mental health plan • Roll out and evaluation of new service models (including digital platforms) for community health, mental health and AOD COVID response & recovery • Implementation of medical research initiatives
Workforce readiness and support (Terry Symonds) • Develop targeted surge workforce strategies • Attracting additional workforce • Deliver training uplift for key skills • Promote safe working practices • Support workforce wellbeing, including with accommodation support when needed • Active engagement with unions to facilitate early resolution of workforce issues		• **Workforce expanded** – 15,000 people registered interest in joining surge health workforce • **Agreement with private hospitals** – enables workforce flexibility • **Accommodation support** – for around 120 healthcare workers • **7,000 new training places** - upskill ICU workforce	• Developed workforce modelling to project workforce needs in pandemic scenarios • Establishment of PPE Taskforce to engage workforce on safety concerns • Assessment of skillsets of people registered on Working for Victoria health portal for future placements	• Obtaining regular data updates on current hospital workforce availability • Managing utilization of existing health system workforce against new surge requirements • Evolving processes to access accommodation support for healthcare workers	• Conversion of Working for Victoria – Health pool into rapid outbreak response capability • Ongoing delivery of expanded Hotels for Heroes program • Workforce pandemic scenario planning exercises – rural and metropolitan • New training courses on managing in COVID-19 environment • Weekly meetings with unions
Supply chain (Terry Symonds) • Develop strategies to ensure supply of appropriate PPE, equipment & testing consumables. • Assess & engage at-risk suppliers for critical procurement categories • Explore alternates including local production for most at-risk		• **PPE ordered** to meet anticipated demand • More than **5000 ventilators ordered** • **State-wide purchasing and supply chain** established • **Secured local licensing agreement** for production of ventilators	• PPE taskforce established • PPE & ventilator deliveries underway. Assurance from private pathology provides on appropriate testing capacity. • Orders being placed to build stockpile of essential medicines	• Sovereign risk, supply chain risk may put orders at risk (being mitigated by overordering) • Limited supply of PPE for primary and aged care from Commonwealth	• Implementation of centralised procurement • Creation of a consolidated supply chain entity to drive greater efficiency and oversight of supply chain procurement and management • Centre for Disease Control models for CCC consideration • Working with Commonwealth to streamline PPE delivery for RACFs and primary care • Working with DJPR on local manufacturing opportunities

Mission implementation report: Kym Peake

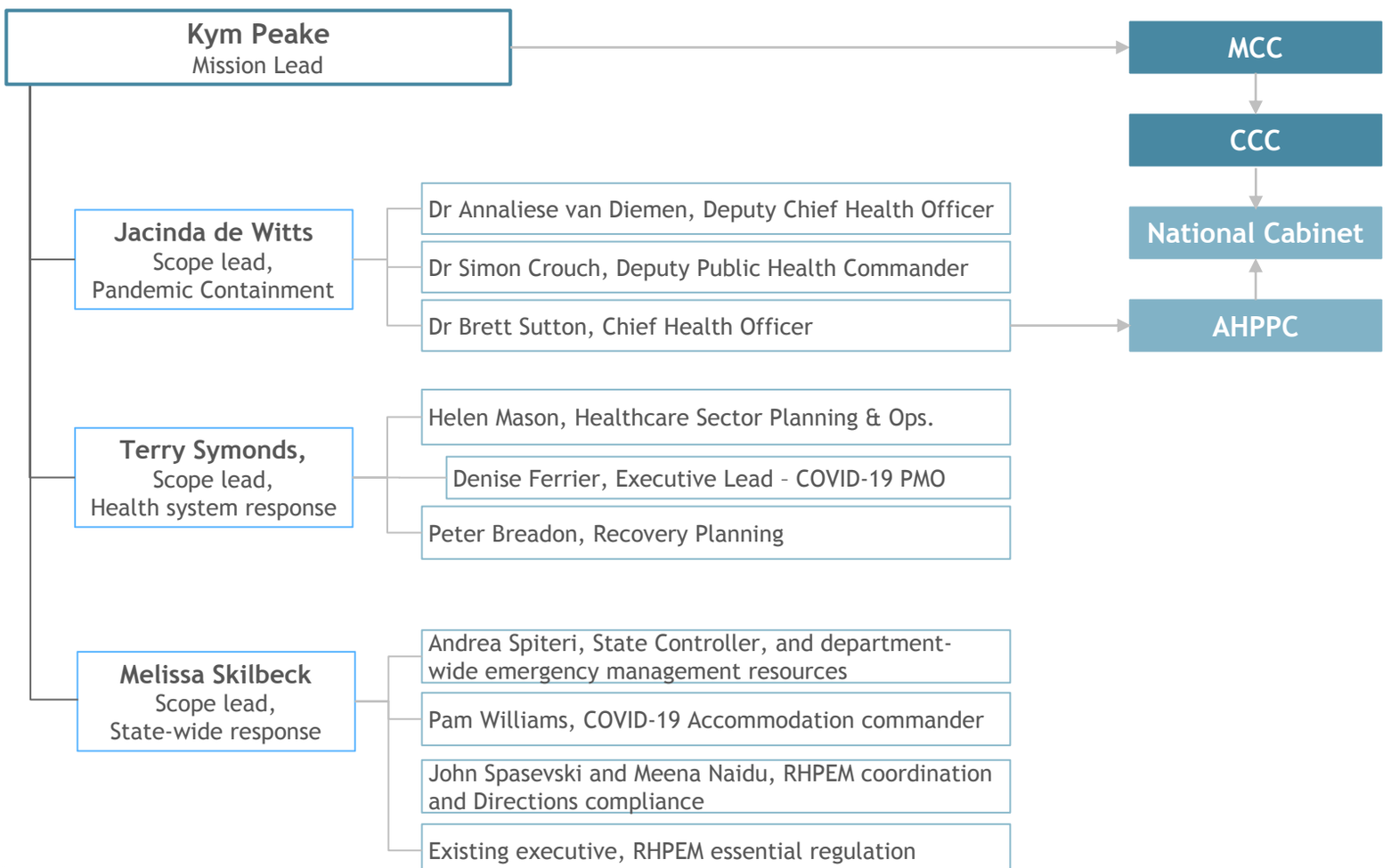
7. Implementation and planning report

Health Emergency Response - State wide response

Progress for scope items	Status	Wins	Progress	Roadblocks	Actions
State Control and departmental emergency management response (Melissa Skilbeck)		• **Control of the public health hazard** – established control structures and maintained control • **Established Joint Intelligence Unit**	• Progressive development of control structures within the State Control Centre • Joint development of Joint intelligence function and outbreak management squads	▪ Refinement of control arrangements to accommodate length of emergency; interaction with missions; likely coincidence of multiple emergencies	• Further development of structures to maintain effective control in event of additional emergencies – through exercises and development new protocols for evacuation and relief arrangements in COVID
COVID-19 Accommodation Command (Melissa Skilbeck)		• **Mandatory quarantine program** – 10,000 returned travellers accommodated • **Emergency relief accommodation for cases/close contacts unable to isolate**	• DHHS, ADF and DJPR operating a mature program, now being further developed • Outbreak among night shift staff at COVID specific hotel led to move to another hotel • Separate hotel arranged for future cases/close contracts due to outbreaks unable to isolate effectively through hardship	• Limited availability of authorised officers to provide necessary detention notices, permissions and exits throughout quarantine period , and significant risk of losing current AO staffing as restrictions ease • Competing across the department and externally for access to staff to recruit to Operation Soteria, causing delays to release of key staff • Absence of reliable early notice and intelligence on arrivals – being addressed at national crisis centre level as repatriation flights increase - but worsened by renewed commercial flight schedules • Increasing number COVID cases found due to day 3/11 testing • Large number of families with around 600 children now in quarantine • Need to ensure distinction with those residing under Case and Close Contact Direction and those returned travelers under Detention Notice given difference in duty of care	• Advocacy to MCC to avoid lost participation of VPS as AOs and other essential COVID response staff • Systemic identification and changed contracting of most suitable hotel stock • Maturity of welfare support and incident reporting structure for returned travellers • With DJPR, identifying more suitable hotel stock with family rooms; engaging with M&CH for babies • Exploring hospital-supported COVID specific hotel for longer term use and improved infection control • Longer term staffing (6+ months) being established
RHPEM (Regulation, Health Protection and Emergency Management) coordination and Directions compliance (Melissa Skilbeck)		• **Maintain effective compliance framework** with VicPol cooperation • **Coordination cell** assists effective briefing and correspondence management	• MOU/ Process for referral completed with VicPol /VCGLR/DJCS/Worksafe for Direction 9 (workplaces) • Standing up investigative function to respond to Direction 9 (workplaces) • Enhancing data capture capabilities to improve decision making across command.	• Significant increase in volume of demands for 'exemptions' to quarantine despite minimal avenues to avoid mandatory quarantine if returned traveller • Complexity of risk management of cases travelling interstate after completion of quarantine • Resourcing for ongoing Authorised Officer roles and ongoing senior management roles • Sustainability of quarantine numbers dependent on AO numbers and options to change quarantine model and scope of statutory requirement for AO	• More active messaging of mandatory quarantine requirements and limited 'exceptional circumstances' for exemption • Use of new Case and Close Contacts Directions to manage post-quarantine risk • New AO training program launched – sourcing from airline industry staff stood down • Discussions with DET and DJPR across accommodation and enforcement commands on options for student quarantine
RHPEM essential regulation (Melissa Skilbeck)		• **Reduced essential non-COVID regulatory functions**	• Separate structure to maintain non-COVID public health response	• Limited supply of authorised officers means all existing public health and human service regulation functions currently subject to less safeguarding	• Above actions to maintain current and source alternative authorised officers (AO)

2. Mission structure and governance

Proposed structure



Governance

Services

- **Hospitals (public & private)**
- **Public health**
- **Ambulance**
- **Community Health**
- **Aged Care**
- **Carers**
- **Mental Health**
- **Alcohol and other drugs**
- **Regulation**
- **Emergency Management**

Ministerial Portfolios

- **Minister Foley (Mental Health)**
- **Minister Donnellan (Child Protection & Disability, Ageing & Carers)**

CCC Minister

- **Minister Mikakos (Coordination of Health & Human Services – COVID-19)**

3. **Program logic:** all mission activities are geared to achieve our core objectives of reducing the pandemic's impacts on health, the system & the broader community

Inputs

Ongoing epidemiological modelling showing expected pandemic impacts, policy effects & health system demand

Government policy decisions, protecting Victorians' health to preserve our society and economy, while balancing broader assessments of acceptability to the community; feasibility of implementation; and equitable impact of measures

Population adherence to public health measures

Outputs

Introduce preventive public health measures, recalibrated as pandemic, modelling & evidence evolve
- Rapidly grow testing and contact tracing capabilities to test, identify, isolate & cohort cases
- Implement broader containment measures, with public communication & community support
- Introduce prudent restrictions on patient, sector and worker access to healthcare facilities

Introduce dedicated care pathways for COVID-19 patients
- Rollout phone line services to triage patients and divert away from EDs / GPs as appropriate
- Embed 'cohorting' in hospital design – separating infected patients from others at every level of acuity

Maximise system capacity to absorb expected demand, flexing up / down as expected demand evolves
- Develop readiness to defer, stop and divert non-urgent care to free up capacity, as needed
- Contract and integrate all private hospital sector resources into the system response
- Procure all equipment and consumables (incl. PPE) needed to meet demand & deliver BAU care safely
- Expand and upskill workforce, making best use of skills and capacity through flexible workforce models
- Maximise physical system capacity by filling existing facilities and bringing online old & new facilities

Reorient care to safely meet old and new health needs, innovating for both current & future benefit
- Rapidly scale innovative home-based and remote care models that enable safe ongoing delivery of care
- Public communication to build confidence in continuing to access emergency and primary care
- Restore in-person care as feasible, balancing risks / benefits & prioritising the most vulnerable
- Proactively identify and address pandemic impacts on population and workforce health & wellbeing

Consolidate system governance & management to improve its current and future effectiveness
- Coordinate demand across the system to maximise specialisation, efficiency, timeliness & equity in care
- Consolidate & centralise mgmt. of the supply chain to build scale & allocate supplies where needed most
- Increase scale in system governance by clustering services (public and private) under regional leads
- Expanding collaborative research on the health impacts of, and responses to, COVID-19

Outcomes*

The spread of COVID-19 in Victoria is slowed

Minimise COVID-19 transmission in the provision of health care

Achieve new system capacity & capabilities needed to meet demand for care

Achieve essential and safe care continuity for other patients, prioritising the most vulnerable

Prevent & address negative physical and psychosocial impacts of pandemic

Increase the health system's effectiveness and long-term resilience

Reduce the morbidity and mortality associated with COVID-19 and its long term health impacts

Mitigate and minimise impacts of the pandemic on the health system and broader community

** To be updated as final options & objectives crystallise in April*

4. Scope: the Health Emergency response has four phases, marked by agile decision-making to manage risk during uncertainty

Characterised by…	System response phase			
	1: Initial containment	**2: Targeted action**	**3. Protect & reform***	**4. Stand down & recovery**
Uncertainty about pandemic impacts	High: extent and duration of state & national containment strategies were uncertain; effectiveness of these was to be based on population adherence which was unknown; modelling could not yet capture effects of these and was using international data, which predicts catastrophic impacts in their absence	Moderate: new modelling will be based on much more informative data (from local community transmission), and will give a sense of the effect of policy measures on demand. However there will be little certainty about the effect of *unwinding* individual measures on demand, and a lag between these changes and their impact.	Low: pandemic impacts on different groups and the effectiveness of policies in containing spread will be increasingly well-known at this point, from both local and international evidence.	Low: proven vaccinations will be rolled out, giving confidence that public health measures can be safely relaxed. Evidence on the long-term patient & population impacts to address will be emerging.
Approach to decision making	Rapid 'no regrets' preventive measures and system preparations to avoid the unmitigated demand scenario predicted by modelling	Precautionary preservation of public health measures until preconditions are met, then cautious adjustment of them, while continuing to protect public safety, and keeping expanded health system capacity on standby.	Ongoing work to sustain containment measures, maintain contingency system capacity, prevent & cauterise harms, realign care delivery to the 'new normal', & consolidate system improvements	Cautious exit from remaining measures, social re-opening & sustained infection control, with work to build long-term system resilience.
Timing (approx.)	January (first international case arrivals) → Mid-April (modelling capturing policy impacts)	End-April (forward public health strategy ready) → August (clear understanding of strategy impacts)	June (system ready to broaden focus) → 2022 (manageable reform pace needed)	2021 (if vaccine available) → 2023 (system recovery ongoing)

*Note this phase would displace the original Stage 3 ("Peak Action Stage" in the COVID-19 Pandemic plan)*if* the pandemic remains well-controlled and the original Stage 3 does not eventuate. This however remains a possibility

5. Scope lead responsibilities: leads will deliver priority actions across each of the four key phases

Key scopes	System response phase			
	1: Initial containment	**2: Targeted action**	**3. Protect & reform**	**4. Stand down & recovery**
1. **Pandemic containment**	• Maximise case detection within testing constraints • Trace contacts and contain clusters • Arrest exponential growth in community	• Broaden testing across the community • Scale up contact tracing capabilities through technology, recruitment and training • Agree decision making framework for careful release of public health measures over time • Agree roadmap for restoration of health services and targeted research capability	• Sustain and refine measures for quarantining cases and isolating contacts • Implement agreed approach to lift public health restrictions, protecting vulnerable people with targeted support & PPE • Progressively introduce testing for antibodies & virus vulnerability as they become available	• Roll out vaccination, prioritising the most vulnerable • Sustain and strengthen public health, diagnostic research and routine testing capability
2. **Health sector response**	*Manage demand* • Minimise virus transmission in healthcare • Limit non-urgent care to free up capacity • Implement COVID-19 care pathways • Develop care continuity plans • Scale up role of primary care providers (pharmacy, GP, community health) *Expand and coordinate capacity* • Expand system capacity • Centralise supply chain & demand mgmt. • Increase scale in sector governance	*Manage demand* • Recalibrate sector restrictions (e.g. visitors) to reflect emerging PPE certainty • Progressively phase back in non-urgent care • Shift to spatially distanced models of care (scaling up home-based care & telehealth) • Anticipate & respond in a targeted way to pandemic impacts on health & wellbeing (including managing risks of deferred care) • Increase support for vulnerable groups with barriers to complying with spatial distancing *Expand and coordinate capacity* • Use extra capacity to run catch-up blitzes • Concentrate COVID-19 care in key centres	• Make virtual & home care a new normal • Build workforce staffing and skill flexibility to manage shortages • Establish governance for geographic clusters of health services • Health system research on long term impacts of COVID & impact of new service models on access and appropriate care • Implement the first COVID-19 mental health package • Increase scale across the supply chain and in procurement processes • Advance Royal Commission reforms in mental health aligned to pandemic response • *For more detail on mental health priorities, see next slide*	• Address new physical & mental health needs directly and indirectly arising from pandemic • Unwind surge capacity arrangements, while maintaining an uplift in ICU capacity and effective innovations in governance and models of care • *For more detail on mental health priorities, see next slide*
3. **State-wide response**	Aligning compliance measures with public health directions (all stages)			
	• Implementing and managing emergency accommodation to support safe quarantining and isolation (stages 2-3)			

5. Scope lead responsibilities: Health sector response priority actions - mental health

Key scopes	System response phase	
	3. Protect & reform	**4. Stand down & recovery**

2. **Health sector response (mental health)**	• **Evaluating and planning to sustain service improvements that have emerged during early stages of COVID-19, focusing on:**
	  • An expanded role of peer workforces and connection with lived experience leaders
	  • Use of digital technology and Telehealth, while ensuring appropriate guidelines and quality and safety frameworks are in place, and actively involve carers
	  • Community and home-based models of care, especially for people with chronic conditions
	  • Supported housing responses for people living with mental illness to avoid homelessness.
	• **Advocating through national cabinet for:**
	  • Support peer workforce and carers for example, through education and training for families and carers, individual support and advocacy; and infrastructure support to peer workforce
	  • Ongoing coordination between primary and acute care and substance use treatments to support the missing middle and prevent people's mental health deteriorating and reaching crisis
	  • Continued work to expand the reach and capacity of primary mental health support services and continued commitment to implement mental health hubs in the community
	  • Sustainable commonwealth mental health funding, including to maintain successful online models of care to continue to provide services appropriately, especially for receptive younger cohorts
		• **Planning targeted state and national improvements in the recovery phase, including through advocacy to national cabinet for:**
		  • Broader population wellbeing and support for programs that are preventative and rebuild community connections
		  • Increased primary health services to provide population wide mental health support.
		  • Workforce wellbeing, including Employee Assistance Programs and therapeutic supports (as well as peer to peer programs) for healthcare workers where risk of Post-Traumatic Stress Disorder in years to come
		  • Employment services (especially disability employment services) having a strong role in supporting people with established and emergent mental health conditions to access work
		  • More assertive focus on those at risk of suicide and universal access to aftercare support for people who have expressed self-harm or attempted suicide
		  • Establishment of safe spaces people can access as alternatives to emergency departments.
		  • Assertive Community Mental Health follow up to reduce a return to reliance on hospital beds in mental health units
		  • Larger efforts on referral pathways to community mental health teams from other agencies who may be seeing clients at risk due to COVID-19 (including Centrelink/employment programs etc)
		  • a governance mechanism like the Australian Health Protection Principal Committee to drive and advise national cabinet on progress
		  • Common data dashboards and performance monitoring at national, jurisdiction and local levels, incorporating predictive modelling
		  • A strong research and quality and safety mechanism to capture and translate evidence and innovation into more sustained practice change

6. Example implementation approach
Health System Response in Phase 1

Key work	System response in Phase 1 (Initial Containment)		
	Key actions required	**CCC decisions needed**	**Measures of success**

1. Manage demand	• **Minimise sector-based virus transmission**
	  • Expand delivery of remote & home-based care to limit transmission risk
	  • Put in place prudent restrictions on visitor access to care facilities
	  • Maintain strict stand down rules with accom. support for health workers
	  • Hotlines to triage patients and divert mild cases away from EDs / GPs
	  • Cohort moderate / severe patients away from others at every level of acuity
	• **Free up capacity by limiting non-urgent care & preventing admissions**
	  • Cancel all non-urgent elective surgeries, dental care & breast screening
	  • Stop / divert less acute care to the community as safe and appropriate
	  • Scale up services to prevent hospital admissions & reduce length of stay
		• Future support for capital investment to permanently scale up alternative models of care (telehealth, home care)
		• Support and investment to adapt, preserve and extend access and protections for most vulnerable (incl. Aboriginal Victorians)
		• Future adjustments to care diversion / deferral settings
			• Most care that can be safely provided through alternative (virtual / home-based) models, is
			• Healthcare occupational infections reduced to zero (best-practice international benchmark)
			• Cross-patient infection reduced to international best-practice benchmarks
			• Most care that reduces capacity needed by pandemic response and can be safely diverted / deferred, is
			• Access to care is safely adapted and fully maintained for our most vulnerable people, incl. Aboriginal Victorians
			• Avoidable admissions and length of stay decline

2. Optimise capacity	• Build up scope for **primary care** to support the response, leveraging community health, amending pharmacy regulations, and accrediting GP respiratory clinics
	• Contract and integrate all **private hospital sector** resources into the system response, and establish sector governance for their effective use
	• Procure all **equipment and consumables** (incl. PPE) needed to meet expected COVID-19 demand & to also deliver un-deferred BAU care safely
	• Expand **workforce FTE** (redeployment, recruitment, fast-tracking re-registration, deferring leave, increasing hours) and **skills** (training, e-learning and simulation); maximising both through flexible workforce models
	• Expand physical system capacity by **maximising use of existing facilities** (bring online flex capacity, and repurpose facilities freed up by diversion with capital works as needed); (re)commissioning inactive infrastructure, and converting non-hospital facilities such as the Melbourne exhibition centre as needed
	• Consolidate & centralise mgmt. of the **supply chain** (procurement, warehousing, distribution, pathology) to build scale & allocate supplies where needed most
	• Simplify **governance** by clustering services (public & private) under local leads
	• Monitoring quality indicators to avoid risks of deferred care, including through
		• Investment for critical supplies, acute care capacity and workforce
		• Optioning and investment for further infrastructure capacity
		• Support to work through industrial barriers to meeting demand needs
		• Support for further supply chain consolidation
		• Support for enhanced governance – including cluster governance, quality indicators and collaborative research
		• Support for any further regulatory amendments (e.g. pharmacy)
			• Total system capacity needed to meet expected demand and deliver urgent BAU care is secured, incl. sufficient:
			  • PPE to keep all healthcare workers safe
			  • equipment to meet acute & critical demand
			  • acute & ICU bed capacity across all facilities
			  • workforce FTE
			  • workforce skills
			• Private hospital capacity is appropriately leveraged
			• All services have supplies they need, at competitive prices, and allocated across sector according to need
			• Provider governance is streamlined, with full coordination and collaboration between members of locality clusters
			• Primary and critical care is accessed by people with non-COVID health needs

Process for transferring passengers in compulsory quarantine to and from hospital

April 2020

VICTORIA State Government | Health and Human Services

Background and purpose

Following agreement by the National Cabinet, on 27 March 2020 the Premier announced that all travellers returning from overseas to Victoria will be placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus. The new measures became operational from 11.59pm on Saturday 28 March.

This approach will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period. At present, passengers are being housed at Crown Metropol, Crown Plaza and Crown Promenade, but the number of hotels involved may be expanded over time, as required.

Returned travellers are placed in enforced quarantine pursuant to a direction and detention notice issued by an Authorised Officer (AO) under section 200 of the *Public Health and Wellbeing Act 2008*. This notice is legally enforceable, and significant penalties may apply if the person fails to comply with it.

The following slides present the process for transferring quarantined passengers to hospital, should they require it.

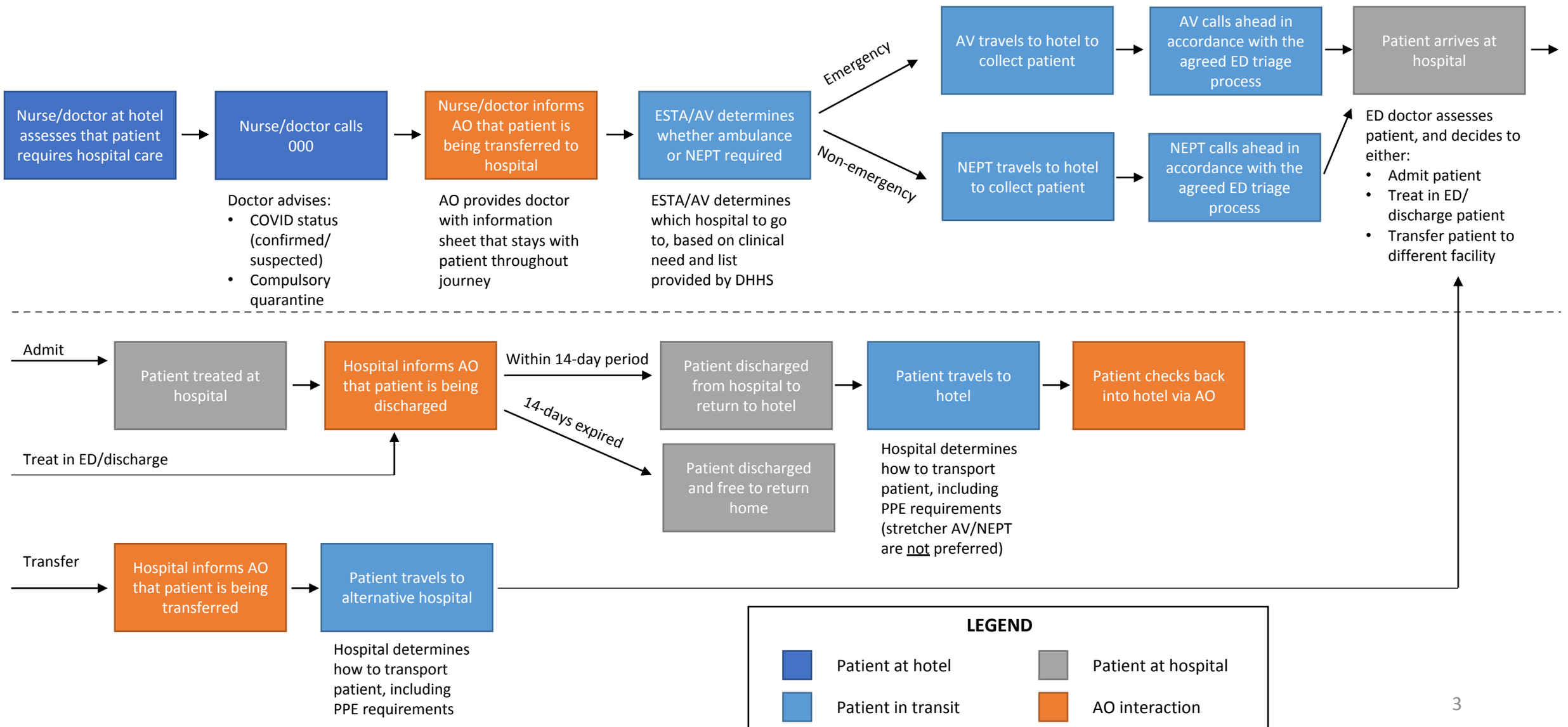
These processes give primacy to containing the spread of COVID-19 and reducing its risk to the health of Victorians.

SLIDE 3: Describes the process for <u>unplanned</u> transfers (e.g. sudden, unexpected acute illness)

SLIDE 4: Describes the process for <u>planned</u> transfers in relation to pre-existing health conditions (e.g. regular appointments for chemotherapy, dialysis, mental health or pre-natal care)

SLIDE 5: Provides further explanatory notes to support the unplanned and planned transfer processes above

Process to transfer passengers to hospital (unplanned)



Process to transfer passengers to hospital (planned)

WHEN PASSENGER ARRIVES AT HOTEL

Passenger first arrives at hotel → Hotel nursing/ medical staff interview passenger and note pre-existing health conditions → Medical staff advise AO that passenger has pre-existing health condition/s

Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO

LEGEND

- Patient at hotel
- Patient in transit
- Patient at hospital
- AO interaction

WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT

Hotel medical staff advise AO that patient is attending appointment → Hotel medical staff arranges appropriate transport provider → Hotel medical staff arranges transport → Patient travels to hospital/clinic →

AO provides medical staff with information sheet that stays with patient throughout journey

Based on medical need. Options incl.:
- AV
- NEPT
- CTS

Medical staff advises:
- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

Transport provider calls ahead to advise of COVID and quarantine status → Patient arrives at hospital/clinic → Patient treated at hospital/clinic → Hospital/clinic informs AO that patient is returning →

Hospital/clinic arranges transport back to hotel → Patient travels to hotel → Patient checks back into hotel via AO

Based on medical need. Options incl.:
- AV
- NEPT
- CTS

Transport provider considers PPE requirements

Explanatory notes

HOSPITALS IN SCOPE FOR UNPLANNED EMERGENCY ASSESSMENT TRANSFERS

People subject to a direction and detention order will be housed in hotels in the Melbourne CBD or at the airport. As such, it will only be practicable to transfer patients to hospitals in the inner-Melbourne area.

The following hospitals are in scope for unplanned presentations:

- Royal Women's Hospital
- Royal Children's Hospital
- Royal Melbourne Hospital
- The Alfred
- St Vincent's Hospital
- Northern Hospital (as back-up for airport hotels)

PRINCIPLES FOR ADMISSION FOLLOWING EMERGENCY ASSESSMENT

For patients requiring admission, hospitals should avoid transfers to other hospitals unless absolutely necessary to contain the spread of COVID-19.

Instances where a transfer may be required include where the hospital is not capable of performing the required treatment, and/or where the hospital does not have capacity to perform the treatment.

SELECTING HOSPITAL/CLINIC FOR PLANNED TRANSFERS

If it is safe to do so, patients with pre-existing health conditions should be treated in the hotel through options such as telehealth and in-reach services.

Where a patient with a pre-existing health condition needs to attend a hospital/clinic, as far as practicable, they should continue to receive care/treatment from their existing health provider.

However, where the existing health provider:

- is an unreasonably long distance away from the hotel (e.g. in a rural area)
- is unable to treat patients that may have COVID-19
- has been impacted by the pandemic to such a degree that it is no longer able to treat patients,

the hotel medical staff will work with the patient, their existing health provider and DHHS to determine the most appropriate hospital/clinic to treat the patient.

INFORMATION SHEET

When the AO is notified that the patient will be transferred to hospital/clinic, the AO provides the hotel doctor with an information sheet that must stay with the patient throughout their journey.

The information sheet contains information to support AV/NEPT and the hospital/clinic to ensure the patient's compliance with the direction and detention notice, including:

- Key notice requirements (e.g. period of enforced quarantine)
- Room arrangements (e.g. single room only)
- Visitor requirements
- Security requirements
- Instructions for notifying the AO when the patient is being transferred to a different hospital or discharged

RE: FOR ACTION; GP support for Crown Hotels

From: "Louise Galloway (DHHS)" <[redacted]@dhhs.vic.gov.au>

To: "Merrin Bamert (DHHS)" <[redacted]@dhhs.vic.gov.au>, "Camilla Macdonell (DHHS)" <[redacted]@dhhs.vic.gov.au>

Cc: "[redacted] (DHHS)" <[redacted]@dhhs.vic.gov.au>, "[redacted] (DHHS)" <[redacted]@dhhs.vic.gov.au>, "[redacted] (DHHS)" <[redacted]@dhhs.vic.gov.au>, "[redacted] (DHHS)" <[redacted]@dhhs.vic.gov.au>, "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>

Date: Fri, 03 Apr 2020 14:54:25 +1100

Hi
Let us know if you have trouble getting Nathan
Also-please note that deputising's services can run from midday on Saturday through to Monday am
Re pathology-Nathan will likely have a relationship with a pathology provider for general pathology and that company may also do COVID testing as most of the big one are on line. T Merrin I suggest you check with Finn or Annaliese if they have a preference for the covid tests going to VIDRL
Louise

Louise Galloway
Primary and Community Care COVID-19 - Lead
Director, Performance and Improvement, Aged and Community Based Health Care and Cancer Services
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne, Victoria, 3000
p.[redacted]
e[redacted]@health.vic.gov.au
w. www.dhhs.vic.gov.au
Executive Assistant:[redacted]
p.[redacted]@dhhs.vic.gov.au

While sending this email now works well for me, I know we all work differently and respect that you will consider this email at a time that suits your working arrangements.

From: Merrin Bamert (DHHS) <[redacted]@dhhs.vic.gov.au>
Sent: Friday, 3 April 2020 2:49 PM
To: Camilla Macdonell (DHHS) <[redacted]@dhhs.vic.gov.au>
Cc: [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Louise Galloway (DHHS) <[redacted]@dhhs.vic.gov.au>
Subject: RE: FOR ACTION; GP support for Crown Hotels

Hi Camilla

We have been working through with Nathan the process

We have agreed based on current need that a DR will be present at Crown complex (three hotels) based at Promenade from 8am – 6pm each day with telehealth deputising service after 6pm over night to 8am to support the existing nursing service.

We have also commenced passengers arriving at the pan pacific south wharf so for this weekend we request a second dr on site to support the current the new arrivals from today at that site. We do feel this will settle and possibly only one Dr is required.

To note

The current registrar on site at the crown complex is unable to continue beyond tonight.

I have attempted to contact Nathan and waiting for his call to urgently organise for his team to

provide
1. The deputising service from 6 pm tonight Friday 3 April for overnight support and
2. two doctors from tomorrow Saturday 4 April and I or someone from our team will be there to meet them at 8am at crown promenade to ensure a smooth transition.

We also need to consider pathology services for INR checks etc, we do not believe this has been factored in I will ask SEMC to follow this up.

Regards

Merrin

Merrin Bamert
Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175
p REDACTED
e. REDACTED @dhhs.vic.gov.au

From: Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>
Sent: Thursday, 2 April 2020 8:37 AM
To: Nathan Pinskier REDACTED
Cc: REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: Re: FOR ACTION; GP support for Crown Hotels

Thanks Nathan

REDACTED - grateful if you can set up a virtual meeting to align with Nathan's availability.

Regards
Camilla

Camilla Macdonell
Primary and Community Care COVID-19 Deputy Executive Lead
Assistant Director, Maternal Child Health and Early Parenting Centres Commissioning
Performance and Improvement
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne | p. REDACTED
e. REDACTED @dhhs.vic.gov.au | w: www.dhhs.vic.gov.au

From: Nathan Pinskier REDACTED
Sent: Thursday, April 2, 2020 8:25:37 AM
To: Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: Re: FOR ACTION; GP support for Crown Hotels

Hi Camilla,

Thanks for you email last night.
As discussed in terms of how to provide the most appropriate clinical services my thoughts are that depending upon the numbers of persons requiring medical care there are a range of approaches.

One option to consider would be to have at least one doctor based onsite during daytime hours to provide face to face consultations if required. This might require the setting up of a secure room or office to store medical equipment, PPE, starter medicines etc and possibly setting up a PC and printer with internet access. It might also be appropriate to include a nurse in the process (which we could arrange).

Consultations that don't need face to face visit could be done by telephone or video through a dedicated arrangement with one or more of our medical centres. This service could be provided until approximately 10 pm daily.

After hours and overnight Telehealth and face to face visits would be provided by the on road Medical Deputising Doctors.

For continuity of care it is important that a copy of the clinical event summary is sent to the patients regular GP (ideally via secure messaging) and where possible to My Health Record.

The supply of prescription medicines also needs to considered including any restricted medicines which require prior mandatory review via the DHHS Safescript portal.

I'm free between 11 am - 1 pm at this stage for a TC, VC or phone conversation.

Best

Nathan

Dr Nathan Pinskier MBBS, FRACGP, FAAPM, FAAQHC, Dip Prac Man, CPM
President General Practice Deputising Association
Medical Director DrDr after Hours Deputising Service
Director Medi7 General Practices
Board Member Peninsula Health
Member RACGP Expert Committee ehealth
Strategic Clinical Advisor ADHA Secure Messaging
REDACTED

> On 1 Apr 2020, at 6:25 pm, Camilla Macdonell (DHHS) <REDACTED@dhhs.vic.gov.au> wrote:

Hi Nathan

As discussed, thanks again for your great responsiveness.

I have secured funding approval to block fund day time MDS services for a period of 4 weeks under the NPA and on the following provisio from the Commonwealth:
they would still need to be under the supervision of a vocationally registered GP in the usual way.

In terms of service planning, it may be helpful for the first week to plan for 9am - 5pm for MDS services.

In addition it would be good to complement with Telehealth services as not everyone will need face to face consults.

I am happy to set up a teams or Zoom meeting with key stakeholders tomorrow to support more informed service planning.

Merrin/[redacted] - do you want to participate and/or should anyone else be invited who can provide an on the ground perspective about likely health needs/service requirements, hotel logistics and facilities etc.

Regards
Camilla
Camilla Macdonell
Primary and Community Care COVID-19 Deputy Executive Lead
Assistant Director, Maternal Child Health and Early Parenting Centres Commissioning
Performance and Improvement
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne | p. [redacted]
e.[redacted]@dhhs.vic.gov.au | w: www.dhhs.vic.gov.au

From: [redacted]
Sent: Wednesday, April 1, 2020 2:43:25 PM
To: Camilla Macdonell (DHHS) <[redacted]@dhhs.vic.gov.au>
Cc: [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; Merrin Bamert (DHHS) <[redacted]@dhhs.vic.gov.au>
Subject: RE: GP support for Crown Hotels

Hi Camilla,

Thanks for your call.
Happy to provide assistance as required either via our physical general practice clinics and/or via the on road deputising doctors at DrDr

You might find this of interest:
Good night and good morning: a COVID-19 day in the life of a GP
http://medicalrepublic.com.au/good-night-and-good-morning-a-covid-19-day-in-the-life-of-a-gp/26693

Best
Nathan

Dr Nathan Pinskier MBBS, FRACGP, FAAPM, FAAQHC, Dip Prac Man, CPM
Director Medi7 General Practices
President General Practice Deputising Association
Medical Director DrDr after Hours Deputising Service
Board Member Peninsula Health
Member RACGP Expert Committee ehealth
Strategic Clinical Advisor ADHA Secure Messaging
[redacted]

From: Camilla Macdonell (DHHS) <[redacted]@dhhs.vic.gov.au>
Sent: Wednesday, 1 April 2020 2:00 PM
To: [redacted]
Cc: [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>; Merrin Bamert (DHHS) <[redacted]@dhhs.vic.gov.au>
Subject: GP support for Crown Hotels

Hi Nathan

Thanks for the chat just now re capacity for your practice to provide Telehealth consults for folk at Crown Casino. I'll get back to you re central number and facilitated referral processes.

I will also need to separately follow up re face to face support through MDS.

I will be in touch.

Regards
Camilla

Camilla Macdonell
Primary and Community Care COVID-19 Deputy Executive Lead
Assistant Director, Maternal Child Health and Early Parenting Centres Commissioning
Performance and Improvement
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne | p. REDACTED
e. REDACTED @dhhs.vic.gov.au | w:www.dhhs.vic.gov.au

This email contains confidential information intended only for the person named above and may be subject to legal privilege. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. The Department provides no guarantee that this communication is free of virus or that it has not been intercepted or interfered with. If you have received this email in error or have any other concerns regarding its transmission, please notify Postmaster@dhhs.vic.gov.au

---

RE: GP support for All Hotels

From: nathan@pinskier.com
To: Henry Pinskier [redacted]@gmail.com>, "[redacted] (DHHS)" [redacted]@dhhs.vic.gov.au>
Cc: "[redacted] (DHHS)" <[redacted]@dhhs.vic.gov.au>, "Camilla Macdonell (DHHS)" <[redacted]@dhhs.vic.gov.au>
Date: Mon, 06 Apr 2020 18:15:49 +1000

Hi [redacted] and [redacted] and Camilla,

Its pleasing that the GP medical service support has been working well.

I have a few questions:

1. Do we need to set up more formal arrangement via a written contact?
2. Could you please advise as to who we should send the invoices to and could you advise re the payment timelines?
3. Also could you clarify whether Crown Indemnity re medical liability is extended to the doctors and our company?

NB We remunerate the doctors working in our service on a weekly basis so it would be good to obtain clarification re the above issues as soon as possible

Thanks very much

Nathan

From: Henry Pinskier [redacted]
Sent: Monday, 6 April 2020 5:44 PM
To: [redacted] (DHHS) [redacted]@dhhs.vic.gov.au>
Cc: [redacted] [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au>
Subject: Re: GP support for All Hotels

Thanks [redacted]
And Hi [redacted]

I am available on the mobile below.
I have been organising and coordinating our Doctors in this moving process.

Regards
Dr Henry Pinskier
[redacted]

> On 6 Apr 2020, at 5:19 pm [redacted] (DHHS) <[redacted]@dhhs.vic.gov.au> wrote:
>
> Hi Henry and Nathan
> Just an update
> Holiday Inn (Tullamarine) and Four Points (Southbank) will both be onboarded tomorrow.
> Novotel will be onboarded on Wednesday

I am comfortable to sit with the 2 doctors across those in the CBD and 1 based at Tullamarine for tomorrow but I recommend we review this midday tomorrow to consider the need for an additional CBD resource for Wednesday with the onboarding of Novotel.
I am looping in REDACTE who will be doing this role over the next few days and who will confirm if additional resources are required.

Are you also able to provide any indication if you feel meeting these staffing requirements will be an issue over the Easter weekend?

Thx
REDA

REDACTE
Manager Business & Services Continuity
Emergency Management Branch
Department of Health & Human Services
50 Lonsdale Street, Melbourne
REDACTED @dhhs.vic.gov.au | w. www.dhhs.vic.gov.au

From: REDACTED (DHHS)
Sent: Monday, 6 April 2020 1:48 PM
To: 'Henryp' REDACTED ; REDACTED
Subject: RE: GP support for Crown Hotels

Hi Henry and Nathan

Our list of hotels continues to grow and I would like to confirm on going GP requirement for the hotels listed for quarantine (0800-2000).

Crown Plaza, Crown Promenade, Crown Metropol, Pan Pacific & Mercure Welcome – 2 x GP
Park Royal & Holiday inn Tullamarine (proposed onboarding Tuesday 7 April) - 1 x GP

Can we please roster to above requirements through to Wednesday 15 April.

There is also a possibility that an additional 2 CBD based hotels will also be required to onboard over the next few days. Once we have confirmation of this, I will review the need to adjust rostering arrangements.

I appreciate your support in what is an extremely dynamic environment and welcome any questions you may have.

Kind regards

RED
(Deputy State Health Coordinator)

REDACTE
Manager Business & Services Continuity
Emergency Management Branch
Department of Health & Human Services
50 Lonsdale Street, Melbourne
REDACTED | w. www.dhhs.vic.gov.au

From: Henryp REDACTED
Sent: Friday, 3 April 2020 7:40 PM
To: REDACTED
Cc: REDACTED Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDAC (DHHS) REDACT @dhhs.vic.gov.au>
Subject: Re: GP support for Crown Hotels

Hi All

Saturday this weekend - two Doctors are sorted for all day 8-6 and longer if necessary beyond 6PM
Sunday this weekend - covered with one and if second wanted advise ASAP
Monday- Friday currently sorted with one Doctor and again if second wanted advise ASAP.

Regards
Dr Henry Pinskier MBBS
Director Medi7 Pty Ltd
REDACTED
Shop 4/1-3 Carre St Elsternwick

On 3 Apr 2020, at 6:26 pm, REDACTED @doctordoctor.com.au> wrote:

Hello Everyone

The nurse can call through on Saturday from 12 noon and anytime on Sundays. Monday to Friday from 6pm for the after hours Locum doctors Telehealth hope that is helpful.

Regards
REDACT
Sent from my iPhone

On 3 Apr 2020, at 5:24 pm, 'REDACTED > wrote:

Hi Merrin and Camilla,

As discussed we have procured Drs for the next 9 days commencing tomorrow
We are currently working on obtaining a second Dr for tomorrow.
Merrin will meet the Saturday doctor(s) at Crown Promenade at reception at 8 am.
We will provide a roster later this evening.
Henry and I will be available on Saturday to sort out other issues as they arise

I have spoken with the CEO at Melbourne Pathology and Melb Path can collect specimens on demand any time as required.
Just need clarification re the specimen collection process. Do we need to procure pathology collecting kits, swabs, tubes, sharps containers etc?

Also for continuity of care purposes could the nurses where possible obtain the name and if possible the contact details of the patients usual GP or practice?

I have also provided the following contact details below:

Contact Details:
Dr Nathan Pinskier
Medi7
Medical Director DrDr
REDACTED

Dr Henry Pinskier
Medi7
REDACTED

For after hours Medical Deputising issues please call:
REDACTED
Doctor Doctor
REDACTED

Looking forward to being of assistance and making this all work smoothly

Best

REDACTE

From: REDACTED
Sent: Friday, 3 April 2020 4:14 PM
To: 'Camilla Macdonell (DHHS)' <REDACTED @dhhs.vic.gov.au>; 'Merrin Bamert (DHHS)' <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS)' <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS)' <REDACTED @dhhs.vic.gov.au>
Cc: REDAC (DHHS)' <REDACT @dhhs.vic.gov.au>; REDACTED
REDACTED
Subject: RE: GP support for Crown Hotels
Importance: High

Hi Camilla,

In relation to the fees, for a 10 hour period daily 8 am – 6 pm $2750 then $275 per hour plus GST.

I have just spoken with REDACTED CEO Doctor Doctor (DrDr) call centre (cc'd) and yes calls can be sent through to DrDr from 6 pm today.
The nurses can call the DrDr priority call number on: REDACTED from 6 pm onwards and identify themselves to the call centre staff.
The call will then be assigned to one of the on duty doctors who will call the back and then speak with the doctor. Note that the call centre can be very busy between 6 – 6:30 pm so it may take a few minutes to get though. Let us know if this becomes an issue or if there are any teething problems

We are working on procuring a doctor for tomorrow. I'll let you know shortly

Re Pathology I am awaiting a call back from Melbourne Pathology to workout Pathology collection arrangements

Best

Nathan
REDACTED

From: Merrin Bamert (DHHS) <REDACTED @dhhs.vic.gov.au>
Sent: Friday, 3 April 2020 3:35 PM
To: REDACTED : Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDAC (DHHS) <REDACT @dhhs.vic.gov.au>
Subject: RE: GP support for Crown Hotels

Hi Nathan
Tried to text this all looks appropriate however we do have some further demands
Is it possible that your telehealth service commences at 6pm tonight and could you supply a second dr in the morning if required.

Also if required to meet pathology needs such as weekly INR checks is pathology something you can facilitate?
If you could call asap that would be great
Thanks

Merirn

Merrin Bamert
Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175
p.REDACTED
e.REDACTED@dhhs.vic.gov.au

From: Camilla Macdonell (DHHS) <REDACTED@dhhs.vic.gov.au>
Sent: Friday, 3 April 2020 3:32 PM
To: REDACTED Merrin Bamert (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Subject: Re: GP support for Crown Hotels

Thanks Nathan. Can you please advise the **daily fee** under the block funding arrangements based on a fixed amount for the 8am – 6 pm time period and thereafter hourly as required.

Also Merrin is trying to contact you re urgent arrangements for
1.The deputising service from 6 pm tonight Friday 3 April for overnight support and
2. two doctors from tomorrow Saturday 4 April and I or someone from our team will be there to meet them at 8am at crown promenade to ensure a smooth transition.

I will leave you to touch base with her.

Regards
Camilla

Camilla Macdonell
Primary and Community Care COVID-19 Deputy Executive Lead
Assistant Director, Maternal Child Health and Early Parenting Centres Commissioning Performance and Improvement
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne | p.REDACTED
e.REDACTED@dhhs.vic.gov.au | w: www.dhhs.vic.gov.au

From: REDACTED
Sent: Friday, April 3, 2020 3:24:23 PM
To: Camilla Macdonell (DHHS) <REDACTED@dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>
Subject: RE: GP support for Crown Hotels

Hi Camilla,

Thanks for your email.
As discussed with Merrin earlier today we are currently working towards

implementing the following arrangements:

1. Between the hours of 8 am to 6pm daily: One doctor to be based on site at a Crown Hotel (with the possibility of staying on for additional hours if required depending on the flight arrival and demand). Service will be provided by either phone or video and face to face if required. A daily fee will apply under the block funding arrangements based on a fixed amount for the 8am – 6 pm time period and thereafter hourly if required.

2. From 6 pm to 11 pm: A telehealth service via phone and video directed to either a clinic based after-hours doctor or on-road medical deputising doctor (via the after-hours call centre). To prioritise access calls to the clinic or the call centre, should be initiated by the duty nurse via a dedicated phone number . Services to be bulk billed to Medicare for all eligible persons

3. From 11 pm to 8 am: A telehealth service via phone and video directed to on-road based doctor (via the after-hours call centre). To prioritise access, calls to the call centre should be initiated by the duty nurse via a dedicated phone number. Services to be bulk billed to Medicare for all eligible persons

We are working towards commencing services from tomorrow but if not possible by Sunday at the latest. This will be finalised by 5 pm today
As discussed the on-site doctor will require access to a private quiet work area or room and also access to a computer and the internet.
In the event PPE is required for a face to face consultation I am presuming this will be supplied by DHHS.

Also could you clarify what the current process is regarding the clinical records that are being created? How are they currently be recorded? Is this on paper or electronically? If by paper we will need clarification as who is ultimately responsible for their long term storage?

Best

Nathan
REDACTED

From: Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>
Sent: Friday, 3 April 2020 2:40 PM
To: REDACTED ; Merrin Bamert (DHHS) REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDAC (DHHS) <REDAC @dhhs.vic.gov.au>
Subject: GP support for Crown Hotels

Hi all

Thanks again for the discussion yesterday. Just following up to ensure that you have been able to continue to connect and progress arrangements.

Nathan - as discussed happy for you to send any invoice to me re MDS day time hours as an interim arrangement. To support the development of costings for block funding under the NPA, I need to see the agreed service model for day time MDS support for the next 4 weeks. So grateful if I can please be looped in as this shapes up.

Regards
Camilla

Camilla Macdonell
Primary and Community Care COVID-19 Deputy Executive Lead
Assistant Director, Maternal Child Health and Early Parenting Centres Commissioning
Performance and Improvement
Health and Wellbeing Division
Department of Health and Human Services
50 Lonsdale Street, Melbourne | p.REDACTED
e.REDACTED @dhhs.vic.gov.au | w:www.dhhs.vic.gov.au

From: Camilla Macdonell (DHHS)
Sent: Thursday, April 2, 2020 8:46:26 AM
To: Camilla Macdonell (DHHS) <REDACTED @dhhs.vic.gov.au>; REDAC (DHHS) <REDAC @dhhs.vic.gov.au>; REDACTED <REDACTED REDAC REDA (DHHS) <REDACTED @dhhs.vic.gov.au>; Merrin Bamert (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: Teleconference: GP support for Crown Hotels
When: Thursday, 2 April 2020 12:00 PM-12:25 PM.
Where: via teleconference - dial 1800 153 721 followed by pin 56470494#

Hi all

Please see below teleconference details:

Participant

- Dial **1800 153 721** (toll free) or 02 7200 9600 (toll).
- When prompted, enter the participant pin **56470494#**

Chair

- When you have an outside line, dial 1800 153 721 (toll free) or 02 7200 9600 (toll).
- When prompted, enter the moderator pin *74513527#*

Thank you.

Regards,
REDACTED
Executive Assistant to the Director

Office of the Director | Performance and Improvement, Aged and Community Based Health Care and Cancer Services | Health and Wellbeing Division
Department of Health and Human Services | Level 15, 50 Lonsdale Street, Melbourne, Victoria 3000
REDACTED @dhhs.vic.gov.au |w.www.dhhs.vic.gov.au

_____

Quarantine Process Working Group (Internal)

COVID-19 response

Agenda

Date	Thursday 30 April 2020 1pm to 2pm
Location	Meeting by video conference (Directions in calendar invite)
Chair	Anna Love
Attendees	REDACTED, Anita Morris, REDACTED Melissa Arduca, REDACTED
Apologies	Jenny Babb

Item	Description	Lead
1.	Acknowledgement of country and lived experience	Anna Love
2.	Minutes and actions from previous meeting held 24 April 2020 Actions: • Belinda to email services process for escalating issues regarding accommodation. • REDACTE to provide copy of nursing assessment template to REDA for review by REDA and REDA. • REDACTE to distribute form used for welfare check. • Anita Morris to investigate the best contact regarding communication of information to those in quarantine.	Anna Love
3.	Current key issues	All
4.	General discussion quarantine process	All
5.	Next steps	All

Quarantine Process Working Group (Internal)

COVID-19 response

Minutes

Date	Thursday 24 April 2020 4pm to 5pm
Location	Meeting by video conference (Directions in calendar invite)
Chair	REDACTED
Attendees	REDACTED, Anita Morris, REDACTED, Melissa Arduca, REDACTED
Apologies	REDACTED

Item	Description
1.	Acknowledgement of country and lived experience provided by Chair, REDACTED
2.	**Current key issues** Discussion on email that had been received today regarding hotel accommodation for those in quarantine. REDACTED commented that the best approach is to email the common email address dhhsopsoteriaeoc@dhhs.vic.gov.au that is monitored 8am to 8pm and can be actioned/directed to the appropriate area. A consistent subject line is required and to indicate in the body of the email that it is for the attention of Operations Team Leader for the specific hotel. That the email then factually states the issues of concern for the guest. The Team Leader can coordinate action on the ground with the relevant nurse on roster or hotel concierge etc. It was noted that Triage should not raise unrealistic expectations for the guest regarding improvements to their room, etc. It was noted that DJPR are responsible for hotel accommodation but that concerns should still be sent to the central email address to be actioned. ***Action:*** REDAC ***to email services process for escalating issues regarding accommodation.*** REDAC noted that DHHS are working closely with services involved in the MH triage processes to provide support and guidance. It was noted that NWMH have received approximately 50-60 referrals from those in quarantine. It was noted that there have been some issues with nursing staff and support/referrals/escalation processes. Anita Morris noted that on the ground in the hotels that there is a lot of double/triple handling, additionally noting that the skill set of staffing is highly variable. Lengthy discussion on AOD supports initiated by REDACTED noting that there had been development of an AOD model of care pathway. Lengthy discussion on the assessment tools and processes undertaken on assessment – noting that the nursing template does provide information on identification of AOD/MH issues. ***Action:*** RED REDA ***to provide copy of nursing assessment template to Belinda for review by*** REDAC ***and*** REDAC

	Additionally, noted by Anita that a welfare check is undertaken with an assessment tool that addresses MH/AOD issues. ***Action:*** REDACTED ***to distribute form used for welfare check.*** Very lengthy discussion on AOD/MH issues including importance of early identification of those at risk of involuntary withdrawal, including discussion on management of complex clients including the provision of case management and how case management might be accessed. REDA noted that if a consumer requires a structured intake assessment that there is a formal pathway to follow to access (which may not be undertaken during the 14-day quarantine period). It was noted that quarantine is for 14 days and that supports need to be provided within that timeframe. Discussion on wellbeing supports able to be provided to those in quarantine such as mindfulness techniques, healthy eating tips etc. REDA noted that Beyond Blue have such supports available. It was noted that those in quarantine receive a newsletter with a query on how to link into such communication methods to ensure health promotion information can be provided. ***Action: Anita Morris to investigate the best contact regarding communication of information to those in quarantine.***
3.	**Next steps** REDA thanked everyone for their time today, noting that there would be a meeting with external services on Monday and another meeting with internal DHHS staff held next week.

Feedback re MH referral.....FW: Novotel Collins st

From: "REDACTED (DHHS)" <REDACTED@dhhs.vic.gov.au>
To: "REDACTED (DHHS)" <REDACTED@dhhs.vic.gov.au>, "REDACTED (DHHS)" <REDACTED@dhhs.vic.gov.au>
Cc: "Anita Morris (DHHS)" <REDACTED@dhhs.vic.gov.au>, "REDACTED (DHHS)" <REDACTED@dhhs.vic.gov.au>, "REDACTED (DHHS)" <REDACTED@dhhs.vic.gov.au>, "Anna Love (DHHS)" <REDACTED@dhhs.vic.gov.au>
Date: Thu, 23 Apr 2020 15:06:20 +1000

Hi REDACTED,
Please see below re feedback re referral today from NWMH triage re couple at the Novotel. Also have another email from Jolene yesterday with further information re referral earlier in the week. Could we discuss when we meet at 4pm, particularly re rooms without windows, NRT and checking re if person's jaw was broken?
Kind regards,

REDACTED
COVID-19 Mental Health Response and Recovery Team
Project Manager | Service System and Clinical Funding Reform
Mental Health and Drugs Branch | Health and Wellbeing Division
Department of Health and Human Services
m. REDACTED@dhhs.vic.gov.au
w. www.dhhs.vic.gov.au

From: REDACTED@mh.org.au>
Sent: Thursday, 23 April 2020 12:33 PM
To: REDACTED (DHHS) <REDACTED@dhhs.vic.gov.au>; Anna Love (DHHS) <REDACTED@dhhs.vic.gov.au>
Cc: REDACTED@mh.org.au>
Subject: re: Novotel Collins st
Sensitivity: Confidential

Hi REDACTED,
I want to flag this with you -
Triage received a referral about a very distressed woman at Novotel Collins st and ended up having to assess both her partner and herself due the high level of distress they are experiencing. They self -reported:

- They are currently in a room without windows
- Was promised NRT but it didn't occur
- Was under the impression that they would have some time outside but that didn't happen either
- The consumer alleged that her next door neighbour at the hotel broke her jaw because she was so desperate to get out and came back to hotel 3 days later
- Was allegedly threatened with a $20000 fine by security if the consumer decided to self-harm
- Had been constipated for 7 days and only receive medical care on day 8
- Felt the medical/nursing and security was unsympathetic and felt they are being yelled at all the time by govt staff and security

It is difficult to ascertain what is factual and what is not (is it possible to find our whether someone did break their jaw?) The complaints about having rooms with no windows and not having NRT for smokers have been identified as issues since Week 1 and you have been following on the NRT issue.
Greatly appreciate it if you can keep me posted.
Kind Regards

REDACTED
Manager
NWMH Triage Service
Royal Park Campus
Parkville 3052
P: REDACTED@mh.org.au

FW: Alcohol guidelines

From: REDACTED (DHHS)" <REDACTED @dhhs.vic.gov.au>
To: 'REDACTED (DHHS)" <REDACTED @dhhs.vic.gov.au>, 'REDACTED (DHHS)" <REDACTED @dhhs.vic.gov.au>, "Anna Love (DHHS)" <REDACT @dhhs.vic.gov.au>
Cc: 'REDACTED (DHHS)" <REDACTED @dhhs.vic.gov.au>, "Anita Morris (DHHS)" <REDACTED @dhhs.vic.gov.au>, 'REDACTED (DHHS)" <REDACTED @dhhs.vic.gov.au>, "Melissa Arduca (DHHS)" <REDACTED @dhhs.vic.gov.au>
Date: Thu, 07 May 2020 15:35:47 +1000

FYi, as discussed in our meeting today.
Kind regards, REDACT

From: REDACTED (DHHS)
Sent: Thursday, 7 May 2020 1:49 PM
To: Melissa Arduca (DHHS) <REDACTED @dhhs.vic.gov.au>; Anita Morris (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) REDACTED @dhhs.vic.gov.au>
Subject: RE: Alcohol guidelines

Hi All,
Thanks for cc in.
Re Melbounre Health – yes, if there are dual needs… suicidal and alcohol then very appropriate to contact them. If only alcohol, it is probably best to go direct to AOD support as Melissa notes below. Might also be useful to discuss with health providers at meeting on Monday.
Just cc'ing in REDACTED who has the clinical lens for us.

REDACTED
COVID-19 Mental Health Response and Recovery Team
Project Manager | Service System and Clinical Funding Reform
Mental Health and Drugs Branch | Health and Wellbeing Division
Department of Health and Human Services
m. REDACTED @dhhs.vic.gov.au
w. www.dhhs.vic.gov.au

From: Melissa Arduca (DHHS) <REDACTED @dhhs.vic.gov.au>
Sent: Wednesday, 6 May 2020 8:30 PM
To: Anita Morris (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>; REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: RE: Alcohol guidelines

Thanks Anita
Melbourne Health have duel diagnosis capabilities and should be able to support this guest within the current MH service (REDAC – please advise if this is not correct?). They can also call DACAS who can provide help in responding to individuals with addiction issues (1800 812 804). This particular situation will need to be handled carefully. If the guest has an alcohol addiction issue sudden withdrawal could result in the patient's death. It would be good if we can use this as an opportunity to encourage the guest to engage in ongoing treatment. Directline can support referrals and we can help facilitate links if required.
At a minimum it wouldn't hurt to remind hotels around their obligations with the responsible service of alcohol. In my mind the Act is clear – they have to contribute to minimising harm arising from the misuse and abuse of alcohol. We can potentially organise a conversation with the Victorian Commission for Gambling and Liquor Regulation if this would help work with the hotels. You can also link to safe drinking guidelines (see below).
We could potentially think about implementing a policy on how much alcohol a guest can consume whilst in quarantine? I understand some private residential facilities have these policies. It might be tricky if this is private purchasing though – potentially we will need to get legal advice on this one.
https://www.dacas.org.au
https://www.health.gov.au/health-topics/alcohol/about-alcohol/how-much-alcohol-is-safe-to-drink
Regards

Melissa
Melissa Arduca
Assistant Director | Alcohol and Drugs Policy
Mental Health and Drugs Branch | Health and Wellbeing
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
t. REDACTED @dhhs.vic.gov.au
w. www.dhhs.vic.gov.au

The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

From: Anita Morris (DHHS) <REDACTED @dhhs.vic.gov.au>
Sent: Tuesday, 5 May 2020 1:56 PM
To: Melissa Arduca (DHHS) <REDACTED @dhhs.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: FW: Alcohol guidelines

Hi Melissa,
I just wanted to run this past you. We have had small numbers of AOD cases referred to CART and have managed them in accordance with the approach described below. We have a CART manual being developed this week which will include some key referral pathways including an AOD pathway.
You will see that in the early drafting of handover notes to the Prac Leads below I had included you as a contact should they require a secondary consult on the pathway for particular cases. We were (and still are to some extent) staffed by people from all areas of the department who were helping out with the interim CART model. Just this week we are progressing to stand up a more permanent staff group who have the right experience and skills. I am now feeling more confident that staff could competently use an AOD screening tool. I would appreciate your thoughts on this.
AOD: Work with nursing staff or others on the ground to understand the issues and presentation, including the potential for risk and escalation. If the person requires AOD support suggest referral to Direct Line https://www.directline.org.au/ and use a harm minimisation approach. Understand what medication the person may have on them, what they may have taken prior to landing or more recently, and what they are usually dependent on daily. (Melissa Arduca from DHHS AOD is a good business hours contact to discuss pathways)
The guest referred to below is ordering 2 bottles of wine each day, however wife has reported that he can become suicidal if he drinks too much alcohol. Hotel are not limiting his purchases – RSA policy is not clear on this. Our CART Team will undertake an assessment of this gentleman as per below. Any other guidance is most welcome.
Regards,
Anita

From: Anita Morris (DHHS)
Sent: Tuesday, 5 May 2020 1:39 PM
To: CART COVID-19 <CART.COVID-19@dhhs.vic.gov.au>
Subject: RE: Alcohol guidelines

Hi REDA
In the Prac Lead document there is an approach to responding to AOD issues. It includes a harm minimisation approach and link to Direct Line AOD support for the person. Given the mental health information from the wife a safety management plan should be put in place with the hotel and mental health nurses, informed my MH & AOD. Can I suggest a secondary consult with Direct Line for AOD advice and with MH Triage. It would be good to understand further his mental health history – previous suicide attempts, service involvement etc. prior to speaking with MH Triage (the one that that services the hotel catchment area as noted in the Prac Lead document). Also to understand what has worked/how has wife managed this in the past (as it sounds like she has).
Can you confirm that you have access to the Prac Lead folder – apologies if I have not added you.
Anita

From: CART COVID-19 <CART.COVID-19@dhhs.vic.gov.au>
Sent: Tuesday, 5 May 2020 12:44 PM
To: Anita Morris (DHHS) <REDACTED @dhhs.vic.gov.au>
Subject: FW: Alcohol guidelines STAMFORD
Importance: High

Hi Anita

Are you aware of any precedent/guidelines in relation to limiting alcohol for clients as below?
I will advise for continued mental health involvement and medical review.
Thanks

REDACTED
COVID-19 Complex Assessment & Response Team.
Department of Health & Human Services
m. REDACTED

Please note I am working to a changeable roster week to week and will respond to you ASAP.

Department of Health and Human Services Executive Board

Approval to draft paper for Crisis Council of Cabinet

Recommendation:

That Executive Board approves the final drafting of the attached paper with the following high-level position and recommendations:

- *the current quarantine arrangements have been an effective contribution in curbing the ongoing risk of transmission of COVID 19 by returning travellers in Australia, but they are not sustainable due to the resourcing and human rights impacts.*
- *an effective model of quarantine is needed while returned traveller transmission risk remains, which may be required until a vaccine is available, and immunisation is a condition of entry into Australia.*
- *that Victoria's Chief Health Officer negotiates nationally for a preferred sustainable model of quarantine that prevents or minimises the transmission of COVID-19 from returned travellers to Victoria with the minimum restriction on the human rights of those quarantined until a safe and effective vaccine is available.*

Submission to:

Crisis Council of Cabinet (TBC)

Led by:

Health emergency mission

Purpose

Objective

- The purpose of this paper is to update and inform the DHHS Executive Board of the drafting of the Crisis Council Cabinet Submission (attached) regarding hotel quarantine arrangements for Victoria.
- The context of the submission is that most Victorian and Australian COVID-19 cases are the result of travellers returning from overseas and transmitting the virus to others. Therefore, mandatory quarantine may be viewed as continuing to be an essential and justified defence to the re-emergence of significant COVID-19 transmission.
- Currently, all travellers returning from overseas to Victoria are placed in mandatory quarantine for a period of 14-days. However current hotel-based mandatory quarantine measures continue to present human rights risks for government and welfare risks for detainees.
- A future sustainable quarantine model will need to be developed, as Australia may need to maintain longer-term (probably for at least two years) quarantine arrangements for returning travellers.
- There is a risk that future recommended national models may not be compatible with Victoria's Charter of Human Rights and Responsibilities.
- The paper recommends that the government agree to the Victorian Chief Health Officer canvasing an alternative and more sustainable quarantine option that addresses the future public health risk of COVD-19 within a suppression/elimination strategy; which balances this risk with the human rights of returned travellers; and maintains public confidence in the response.
- A 'Home Isolation Plus' option warrants further investigation. It would enable directions to vary requirements based on transmission risk of returned travellers; be predominantly home-based; but have an option for detention in a facility where necessary
- If government agrees to this option, the Victorian Chief Health Officer could begin negotiations with other jurisdictions in support of a collaborative approach towards a new quarantine model.

Will this initiative require funding?

- Should the government agree to the preferred option, more detailed development and costing work will be undertaken on the proposal.

Executive lead and team/s involved in drafting the paper

- Lead: John Spasevski, Executive Lead, Coordination Cell, RHPEM
- Team/s: RHPEM Coordination, Public Health Command, COVID Compliance, EOC, SCC

Timeframes

- Monday 4 May, depending on the setting of agendas
- TBC

REDACTED

Melissa Skilbeck
Deputy Secretary, Regulation, Health Protection and Emergency Management Division
Date: 28 April 2020

This document should be submitted to CabParl@dhhs.vic.gov.au **and** ExecutiveBoardSecretariat-DHHS-GRP@dhhsvicgovau.onmicrosoft.com . If you have any questions, please contact Stephanie Hamilton, Manager, Cabinet, Parliament and Portfolio Services, 0429 156 905.