

Rapid scale up of Covid-19 medium risk pathway

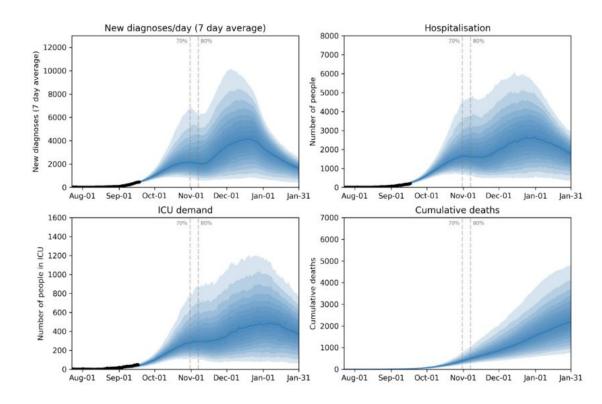
Photo by Önder Örtel on Unsplash

Improvement with our feet to the fire!



The problem

- Variation across health services in Victoria regarding management of patients at home
- 6 weeks until expected peak in Delta cases
- Projected lack of critical supplies e.g. pulse oximeters. Inconsistency in resourcing









Things that were a little odd...

- There was no policy
- There was no team
- We didn't know who to talk to



Photo by Jon Tyson on Unsplash



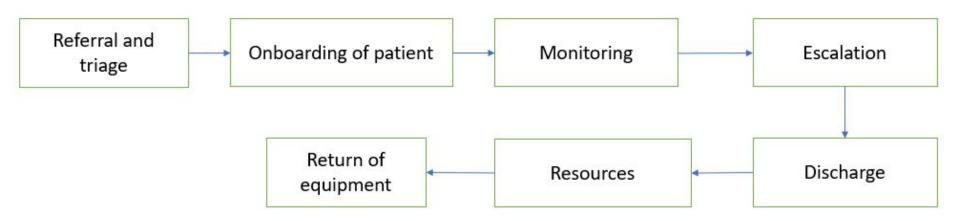
The Team

- Safer Care Victoria and Institute for Healthcare Improvement (Improvement expertise)
- Communication specialists
- Consumer co-design leads





The Scope





Modelling of numbers

Week beginning		1/11/2021	8/11/2021	15/11/2021	22/11/2021	29/11/2021	6/12/2021	13/12/2021	20/12/2021	27/12/2021	3/01/2022	10/01/2022	17/01/2022
New cases per week best		3500	3000	3000	2500	2500	2500	2500	2500	2500	2500	2000	2000
New cases per week median New cases wrost		14000	14000	16000	16000	25000	27000	30000	30000	28000	15000	12000	10000
		42000	40000	45000	50000	55000	50000	45000	45000	35000	25000	16000	14000
Number oximeters needed	Low	700	600	600	500	500	50 0	500	500	500	500	400	400
	Returned					490	420	420	350	350	350	350	350
	Supply need	700	600	600	500	10	80	80	150	150	150	50	50
	Med	2800	2800	3200	3200	5000	5400	6000	6000	5600	3000	2400	2000
	Returned					1960	1960	2240	2240	3500	3780	4200	4200
	Supply need	2800	2800	3200	3200	3040	3440	3760	3760	2100	0	0	0
	High	8400	8000	9000	10000	11000	10000	9000	9000	7000	5000	3200	2800
	Returned	0.00	0000	2000	10000	5880	5600	6300	7000	7700	7000	6300	6300
	Supply need	8400	8000	9000	10000	5120	4400	2700	2000	0	0	0	0

Variables	
% total cases medium	20.00%
% of Units returned	70.00%

Assumptons:

Demand by Month	November	December	January	
Low	2410	13060	250	
Medium	15040	13060	0	
High	40520	9100	0	

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Case numbers as per Burnet Institute modelling https://burnet.edu.au/news/1517 Monitor supplied to all persons on medium pathway

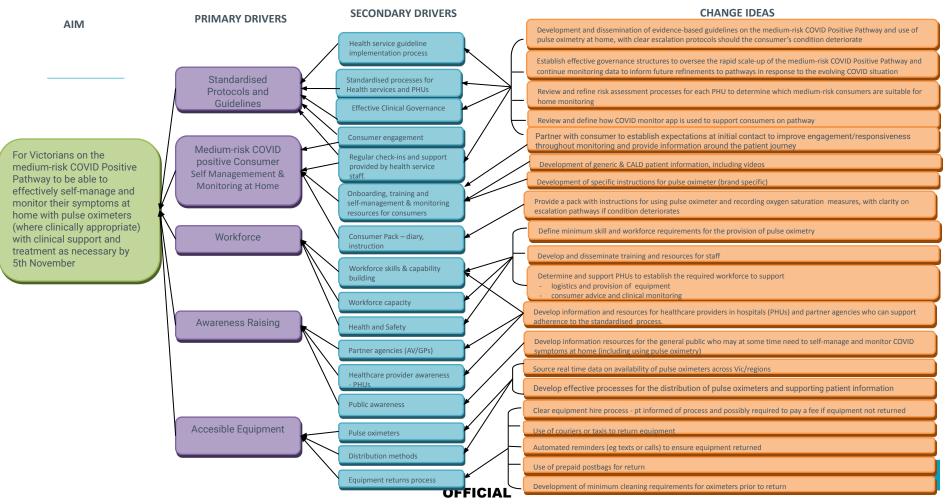
Parallel versus serial workflow



Image: Marquis Multiplane 1908: Public Domain



Medium-risk COVID Positive Pathway Driver Diagram



Measurement strategy

AIM: for Victorian Health Services to be able to safely and effectively manage COVID+ patients identified as medium-risk at home following initial triage

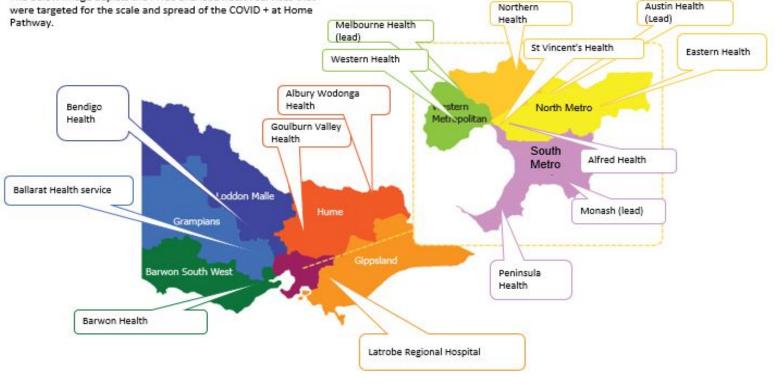
It is recommended that health systems working towards the above aim capture and monitor the recommended measure set listed below as part of ensuring the quality and safety of their COVID+ Medium Risk Pathway implementation.

Outcome Measures	Purpose and Guidance	Reporting Frequency	Numerator	Denominator
Number of COVID+ pts that present to the Emergency Department	Purpose: aim of Medium Risk Pathway is to reduce ED presentations which are known to result in inappropriate hospital admissions. Guidance: Patients included are all patients presenting to ED during measurement period who are identified as COVID+.	Wkly	Number of COVID+ patients that present to the Emergency Department during measurement period.	N/A
Average Length of Stay for COVID+ pts admitted to hospital	Purpose: aim of the Medium Risk Pathway is to reduce length of stay for COVID+ patients hospitalised. Guidance: Patients included are all those admitted to hospital who are COVID+. Number of inpatient days for patients discharged includes total days in their admission period.	Wkly	Total number of inpatient days for COVID+ patients discharged during measurement period.	Total number of COVID+ patients discharged during measurement period.



Our Approach

The below image depicts the PHUs and lead health services that were targeted for the scale and spread of the COVID + at Home Pathway.

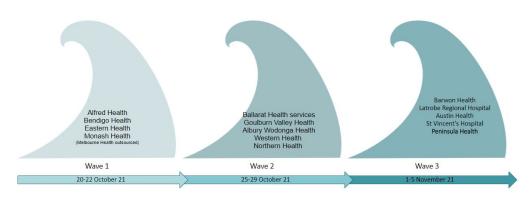


OFFICIAL

Safer Care

Victoria

Scale Up and Spread



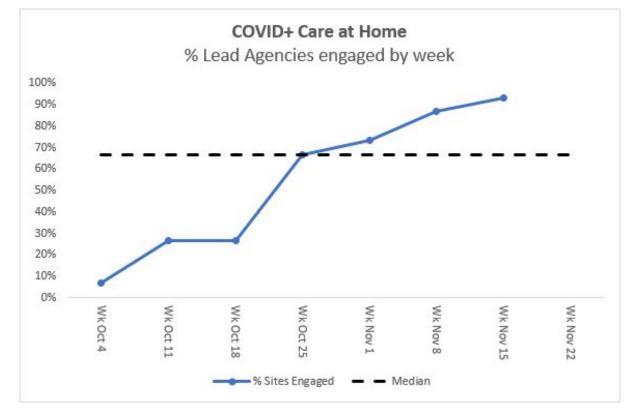
The Plan

The reality



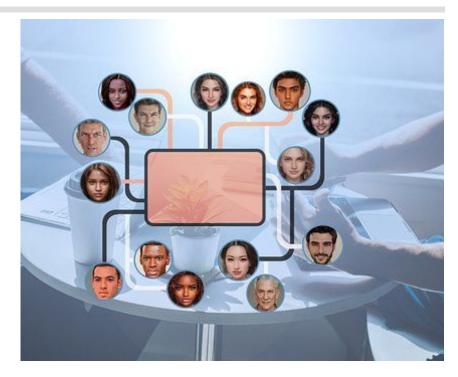


Engagement and Implementation





Our Team Approach





First Steps

- Discussions with Victorian health service executives and clinicians
- Environmental scan of relevant publications and guidelines
- Worked with logistics for equipment procurement



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Next Steps

• Developed the COVID + Care at

Home Pathway

- Commenced testing PDSAs with sites including:
 - equipment distribution and collection,
 - staff roles,
 - frequency of review,
 - consumer resources

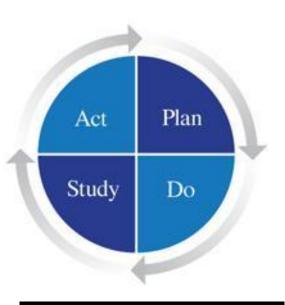


Equipment: The problem

- 2-3 redeployed staff required daily to meet demands
- 1 x equipment pack = \$112 with poor stock return
- State-wide pulse oximeter stock shortage







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Start Small: PDSA cycle 1

1x patient using cab service

Lessons:

Unsustainable cost, no receipt of delivery.

Scope out and sign-up courier company for next trial



Expand the trial: PDSA cycle 2

Trial courier service in small batches on different shifts + monitor cost and delivery time

Expand to cross campus- Alfred vs Caulfield

Transition to Alfred site

Lessons:

Communication and training for staff using service

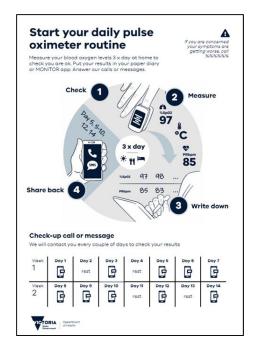
Screening for couriers at Hospital entrances



Consumer Resources

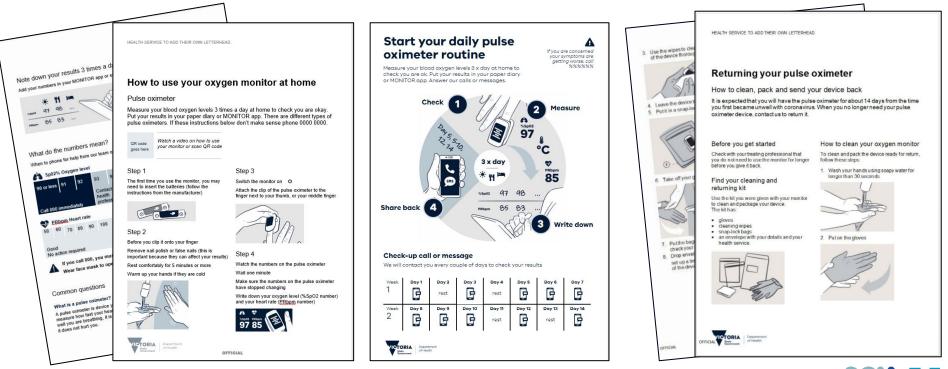
- 1. COVID+ Care at Home (with equipment)
- 2. Start your daily pulse oximeter routine
- 3. How to use your oxygen monitor at home
- 4. My symptom tracker: COVID Positive Care at Home
- 5. Returning your pulse oximeter

Designed to be modified by health services to tailor to local process and context prior to providing to consumers.





Consumer Resources



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Consumer Education Video



Oximeter Instructional Video Full Version.mp4

+ Clinicians ٠ Safer Care Victoria + Department of Health

Consumers

Final Steps

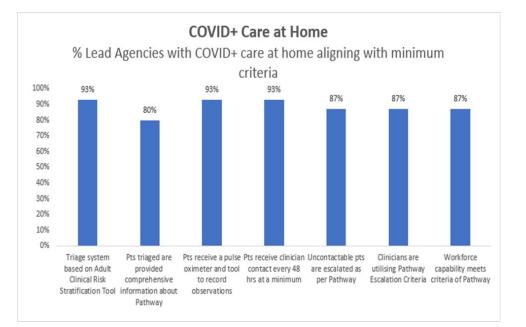
Assessed pathway

alignment with policies

and procedures of each

health service

 Tested oxygen at home pathway





Lessons Learned

Clarification of roles and governance is key

- Clinical teams are happy to test things that are not perfect
- ✓ Start small and rapidly build
- Meet people where they are and be service oriented
- Build key contacts early

