Heath System Response

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How the Health System Response is used

Health System Response purpose and scope

The Health System Response (HSR) has been designed to provide the Victorian health system a **strategy to maintain high-quality COVID-19 and non-COVID-19 care**, including elective activity during periods of high demand.

How the Health System Response will work

The HSR has **four Stages**, ranging from Stage One to Stage Four, reflecting the **level of demand on the system**, that will be applied at a state level.

Assigned to each Stage are a **series of levers**, separated into local and central. **Local levers will be applied at a health service level**, with local decision making determining both the timing and extent of their implementation. **Central levers are applied by the Department of Health** to ensure operational consistency and to provide a systemic way to addressing increased demand.

How the Health System Response will be utilised

Department of Health and health sector operational leads will **monitor key system demand metrics** to determine the level of stress on the overall health system.

A **two-step decision process** will be used. The **first step will involve a matrix style approach**, where COVID-19 admissions are mapped against a process which categorises workforce constraints. The **second step is a qualitative and quantitative risk assessment**, using a range of supplementary information and metrics available to the Department of Health regarding demand on admitted, emergency and ambulance services.

If it is determined that the level of demand necessitates a change in Stages, the Department of Health will **enact and communicate the decision to health service CEOs**. Health services will be required to communicate any change in stages to their staff, so that appropriate changes in practice and service provision can be made.

The Department of Heath will **continue to monitor the demand on the system** and make further judgements and decisions as appropriate

Health System Response matrix

The first step in determining which stage the HSR is in, is to utilise the **HSR matrix**.

Under this approach, **COVID-19 hospitalisations are mapped against workforce constraints** to determine the level of pressure within the health system.

The second step is a **qualitative and quantitative risk assessment**, using a range of supplementary information and metrics available to the Department of Health regarding demand on admitted, emergency and ambulance services.

	0-400 COVID-19 hospitalisations	401-800 COVID-19 hospitalisations	801-1400 COVID-19 hospitalisations	1401-2000+ COVID-19 hospitalisations
None to low workforce constraints	Stage One	Stage One	Stage Two	Stage Three
Moderate workforce constraints	Stage Two	Stage Two	Stage Three	Stage Four
Severe workforce constraints	Stage Two	Stage Three	Stage Four	Stage Four
Critical workforce constraints	Stage Three	Stage Four	Stage Four	Stage Four

Health System Response Levers

	Response levers	Stage One	Stage Two	Stage Three	Stage Four
Local levers	Workforce	Maintain non-surge models of care, if possible Support existing staff to work to top of scope Consider scaling with alternative volunteer & non-clinical staff Face to face or telehealth appointments to occur as per routine arrangements	Implement cross-care models, where possible Consider changes to shift length to maximise workforce availability Redeployment to urgent needs Expand telehealth arrangements where clinically appropriate to support acute care delivery,	Consider moving to extended team-based models, based on local need, in consultation with unions Consider leave cancellation Increase telehealth utilisation to support workforce efficiencies, including the utilisation within inpatient settings	Extended team-based models, where necessary in consultation with unions Leave cancellation Maximise utilisation of telehealth in all forms of service provision, where it improves workforce efficiencies and is clinically safe to do so.
	Emergency Care	Consider virtual EDs, implement scalable triage matrix	Use triage matrix to scale back on less urgent cases where possible; utilisation of existing funded modular ED units	Continue scaling back care where possible; central load management and balancing Re-purposing existing facilities adjacent to ED, if possible	
	Ambulance	**Unlikely utilisation of:** Additional surge stand up Additional APOT/HASM crews Rapid offload at services	**Possible utilisation of:** Additional surge stand up Additional APOT/HASM crews Rapid offload at services	**Likely utilisation of:** Consideration of additional grid changes Additional surge stand up Additional APOT/HASM crews Rapid offload at services	**Probable utilisation of:** Consideration of additional grid changes Additional surge stand up Additional APOT/HASM crews Rapid offload at services
	Private Hospital Support	Business as usual - Day-to-day management of demand variance within existing HSP system (including standing arrangements with private hospitals)	Public health services prioritisation of elective activity, including deferring of non-urgent activity. Health services exhaust all options available to load balance and share activity across the HSP, including initiation of all pre-escalation actions	DH authorises HSP Public-Private Pandemic Support Plan enactment. Plans activated based on local decision making and completion of all pre-escalation actions.	Prioritisation and load levelling of emergency surgical categories and services based on capacity.
Central levers	COVID Positive Pathways	Intake assessment to C+P for all priority populations Use of community health providers for intake linked to HSP services for escalations. Fortnightly sector huddle to monitor capacity, regional variations and manage model changes and demand.	Intake assessment for all priority populations Use of community health providers for intake linked to HSP services for escalations. Weekly sector huddle to monitor capacity, regional variations and manage model changes and demand	Third-party providers to support intake assessment within 24 hours to support community providers, where capacity thresholds have been met. Third party support to resource timely access to COVID medicines as prescribing capacity thresholds are met. One-three times weekly huddles with the sector to manage capacity, regional demand and response	Third-party providers to support intake assessment within 24 hours to support community providers, where capacity thresholds have been met. Third party support to resource timely access to COVID medicines as prescribing capacity thresholds are met. Daily huddles with the sector to manage capacity, regional demand and response
	COVID-19 Streaming Model	Tier 1/2 sites designated via HSP as per local demand. Most optimal sites are prioritised as Tier 1. Sites employ a localised response to operating COVID-19 wards	All public and private acute hospitals become Tier 1 streaming sites. Health services exempted from this where infrastructure and clinical capability risks cannot be mitigated		All public and private sites become Tier 1 streaming services sites. Health services exempted where clinical capability risks cannot be mitigated
	HSRC operating model	Planning in place to stand up HSRC, should a movement to Stage Two be required	**Health Service Response Centre - system coordination function stood up** Providing system-level policy, advice and coordination through thrice-weekly COO/AV meetings	**Health Service Response Centre scaled model stood up** COO/AV meetings move to daily.	**Health Service Response Centre – surge model stood up** Co-location with AV
Central lever (regional application considered first)	Emergency Management Response	Health-service level monitoring to determine whether a local emergency management response is required, such as activating a Code Yellow (workforce issues), with notification to DH.		System monitoring to inform consideration of local or regional emergency management response.	Consider a coordinated Code Brown response

Appendices

Appendix 1: Definitions/additional information

COVID-19 Streaming Model	• Tier 1 sites: Sites that are a streaming site as per existing arrangements, including having patients streamed to their facility and making capacity for patients which cannot be cared for at their local service. • Tier 2 Streaming Sites: Services that manage local COVID-19 patients, that present to their health service or are booked to receive elective care. Tier 2 sites will not have COVID-19 patients transferred to their service from other hospitals, nor be able to transfer patients from their service, unless the patient requires care that cannot be delivered locally.
Health Service Response Centre	• Virtual response centre located in the Health Service Operations branch in the Commissioning and System Improvement (CSI) division, providing a health system coordinating function and a single point of escalation and resolution of system-level issues. • Contact: COVID-19 Project Management Office inbox - covid-19projectmanagementoffice@health.vic.gov.au and 1300 528 552 for any time critical emergencies. Normal internal escalations should be used in the first instance.

Surge Workforce Models	• Two guidance documents are available on the Secure Health Sector Portal for reviewing, developing and designing workforce models of care for use during periods of workforce shortfall and activity surge throughout the COVID-19 pandemic :
	  • *Coronavirus (COVID-19) Intensive Care Unit surge workforce models of care delivery*
	  • *COVID-19 acute care surge workforce delivery models guidance*

Appendix 1: Definitions/additional information

The Public-Private Pandemic Support Plans	• Developed in consultation with the HSPs, public health services and private providers. • Plans include a list of initiatives available to support public health services in responding to increased COVID-19 related demands.
Emergency Care	• Triage matrix: adjusted triage scales to support referral of low acuity patients to alternative local non-emergency services without the need for EDs to initiate treatment • Utilisation of existing funded modular ED units: Sites operating at less than full capacity of their existing commissioned modular units will be supported to maximise capacity usage
COVID Positive Pathways	• Provides clinical care, monitoring and support for all eligible people who test positive for COVID-19, delivered by Victorian hospitals through Health Service Partnerships (HSPs), community health services, GPs and other providers, and coordinated by the Victorian Department of Health (the department). • More information is available in the *COVID Positive Pathways – Factsheet for referrers* on the Secure Health Sector Portal