

PARLIAMENT OF VICTORIA

Pandemic Declaration Accountability
and Oversight Committee



Restrictions on hospital visitation under Pandemic Orders

Questionnaire

Purpose of questionnaire

The Pandemic Declaration Accountability and Oversight Committee, as part of its functions issued under the *Public Health and Wellbeing Act 2008*, is conducting a review of the Pandemic (Visitors to Hospitals and Care Facilities) Orders (Nos. 1 to 5) and the Pandemic (Public Safety) Order.

The Committee has issued this questionnaire to all Victorian hospitals to understand how the Orders has been implemented and to identify any issues hospitals have experienced related to the Orders.

The Committee notes that as of 11.59 pm 22 April 2022, restrictions on hospital visitation (except for the requirement to wear masks) were revoked. However, the Committee still wishes to understand the experience your organisation has had with the Orders, including the implementation of previous orders. In particular, challenges faced in enforcing the Orders and managing exemption requests.

Please note, this information may be used and published by the Committee as part its reporting.

Response

Please provide a response to the questionnaire by **9 May 2022**.

The completed questionnaire should be sent to: pdaoc@parliament.vic.gov.au.

Questions

1. Has your organisation implemented visitor restrictions that are in excess of the restrictions detailed in the orders? If so, when did this occur and in what circumstances?
 - a. Restrictions were always in line with pandemic orders.
2. Has your organisation received any complaints about visitor restrictions? If so, what were the outcomes of these?
 - a. Between 1 February 2020 and 30 April 2022, Monash Health received 274 formal complaints related to hospital visitation restrictions.
 - b. The majority of formal complaints over the past two years fit into the following three categories:
 - i. Elderly patients with multiple medical problems including impaired cognition, where English may not be their first language
 - ii. Long stay inpatients (admitted for > 7 days)
 - iii. Maternity patients, including restrictions for the father/support person to attend antenatal scans and appointments and to visit the postnatal ward post birth
 - c. On investigation, most formal complaints regarding hospital visitation could be attributed to inconsistency of interpretation of the orders by our employees, in the context of frequent changes. Exemptions were always considered and decisions made in line with the current orders.
3. Have there been instances where your organisation has misinterpreted the restrictions under the orders (e.g., when orders have changed or through confusing language in the content of the orders)?
 - a. No. However as noted above the orders required communication and significant change.
4. How many applications for visiting exemptions has your organisation received and how many were approved?
 - a. Records of exemptions were not centrally collected but typically recorded in the patient record.
5. What staff member of your organisation has assessed applications for exemptions?
 - a. The Executive Director of Nursing oversaw the visitor program. Routine operational decisions involving clinical care (eg end of life) would be managed the local area manager.
6. What steps were taken to inform all visitors and their relatives of visiting rules and capacity to apply for an exemption?
 - a. Multiple methods were used to communicate the hospital visitation restrictions including extensive information on the Monash Health internet site (<https://monashhealth.org/patients-visitors/coronavirus/visitor-restrictions>) and through social media.
 - b. Posters were displayed at all site entrances and on our wards, and our entrance concierge and ward staff were fully briefed on current restrictions.
 - c. All Staff Employee Forums (virtual event), Staff Alerts (email) and Chief Executive Updates (email) frequently included information about current visitor restrictions and any recent changes.
 - d. The Monash Health Public Affairs & Communications team managed communications with visitors regarding the orders.

7. What steps were taken to advise staff of the availability of the exemption process when dealing with the public and visitors to patients?
 - a. Printed and electronic materials included a statement that exceptional circumstances would be considered by local care teams.

8. What was your overall impression of the system, and could it have been improved?
 - a. In an ideal environment early notice of pending changes is preferred. Of course, the pandemic did not provide for such easy planning.
 - b. The necessity for frequent changes and the complexity of the requirements provided a dynamic environment that patients, visitors, and employees at times found it difficult to keep up with.