

**PARLIAMENT OF VICTORIA**

Pandemic Declaration Accountability  
and Oversight Committee



# Restrictions on hospital visitation under Pandemic Orders

## Questionnaire

## **Purpose of questionnaire**

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

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

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

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

## **Response**

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

The completed questionnaire should be sent to: [pdaoc@parliament.vic.gov.au](mailto:pdaoc@parliament.vic.gov.au).

## Questions

1. Has your organisation implemented visitor restrictions that are in excess of the restrictions detailed in the orders? If so, when did this occur and in what circumstances?

Visitors restrictions are viewed as important for patient welfare and support. Sites have implemented their own visiting hours and numbers, which as a minimum complied with the orders.

There have been circumstances where visitor restriction have been held longer than required by the orders, for a variety of reasons such as –managing staff patient and visitor comfort levels with the changes; workforce availability to monitor and implement changes; patient cohort risk profile and maintain compliance with social distancing requirements.

These situations varied within each Healthscope facility.

Where a Healthscope facility is co-located with a public facility, there has been a need to coordinate changes to ensure consistency across the campus. In these situations, the Healthscope facility has aligned restrictions with the public facility.

While there is intent to standardise visitor arrangements as much as possible, this is not always possible. Visitor arrangements have moved from nil; to one or two visitors across timeslots; to some facilities having reverted back to normal visiting patterns. End of life and special circumstances have been managed in accordance with the orders.

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

Yes - unvaccinated visitors have raised concerns at times; and sites have managed these issues as they arose.

In some cases there have been frustrations from patients and visitors about changes to arrangements being made, despite all reasonable efforts to keep patients and the community informed of the changes.

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)?

All sites have a meeting to discuss the orders frequently to ensure interpretation is applied correctly and fairly to all.

On occasion, Healthscope has needed to seek clarification from the DHHS on interpretation of the orders.

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

Approved on a site by site basis when required. We have not kept data on the number of exemption requests; however the frequency of requests has varied between zero up to 5-7 requests per week.

Some facilities reported that approximately 75% of request were approved.

5. What staff member of your organisation has assessed applications for exemptions?  
Either of or a combination of GM/DON/ hospital coordinator or IPC as each situation is reviewed and evaluated

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

Each hospital's website banner, Facebook posts, booking in system, meal tray flyers, signs on entrances and in public areas, and patients are advised over the phone prior to admission and reminded on the day when they present at the facility.

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

Staff are advised internally at each site by their respective Executive, especially ensuring all front-line staff are aware of any changes.

Staff had access to visitor guidelines – and were advised of updates by managers

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

The imposing of restrictions was far easier than removing them. As they were removed, consistency in restrictions was less common when compared to when higher level of restrictions were imposed.

Much of this related to community expectations – where it was found that different rules applied at different hospitals (public or private). These differences at time were not well understood by the community or between different private providers.

The timing of changes, particularly on weekends was problematic, and at times resulted in short delays in implementation. Implementation of changes, unless necessary, should be avoided on weekends.

Mechanisms to assist setting and managing community expectations, which accommodate the legitimate variances in approach taken by facilities needs to be considered.