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Dear Michael

Thank you for the opportunity to comment on the draft protocol developed by the Commonwealth and NSW Health for consideration by AHMAC for joint management of COVID-19 outbreaks in aged care homes.

With a view to the primacy of the clinical and welfare needs of residents, and the extreme risks posed by COVID-19 for older people, Catholic Health Australia considers that the most effective and efficient response to a COVID-19 outbreak in an aged care home, in the current environment where community transmission seems to be under control, is a health system-wide response where COVID positive residents are immediately transferred out of the communal living environment to purpose designed and resourced accommodation in a hospital.

In arriving at this conclusion, Catholic Health Australia's members had regard to the following:

- COVID-19 is not seasonal influenza; it poses significantly greater mortality risks for older Australians, especially those living in aged care homes. The *Aged Care Act* and the Quality Standards rightly place the responsibility on aged care providers to manage the spread of infections. However, it is unlikely that the framers of the current infection control provisions contemplated the management of a highly contagious global pandemic for which there is no vaccine. If they did, they failed.

Aged care providers are not best placed to manage and resolve pandemic outbreaks like COVID-19 in their aged care homes, a point that is recognised by the wider health system by virtue of the way the Commonwealth and state agencies have had to scramble to deploy additional clinical and infection control support for aged care homes experiencing outbreaks. Responding to pandemic infection outbreaks is recognised as not normal practice and expertise in aged care homes.

- COVID-19 infection requires a health system-wide solution that provides a clinical capability and response for the entire community. It needs to be regionally dispersed with sufficient scale to support highly skilled clinical, public health and management staff in each region. This health service model already exists in the form of the regional public hospital system which can be adapted to cater for COVID positive patients. The effectiveness to date of the

measures taken in Australia to control and suppress community transmission means that the regional hospitals have the capacity to operate as hubs for the care of COVID positive patients.

- South Australia's approach to COVID-19 management in residential care which represents a best practice regional health network response.

Our preferred approach reduces risks for a vulnerable population and care staff while delivering access to better care. The key benefits of this approach include:

- Aged care homes are designed and operated as home-like communal living environments with an emphasis on social engagement and interaction, and are staffed accordingly. The risk of cross infection in an aged care home is therefore significantly higher than in a hospital from both a staff and physical environment perspective.
- Higher trained, skilled and experienced staff and resources are in situ in a hospital to care for critically ill patients, including infectious diseases/control consultants, nursing skills, intensive care specialists and palliative care specialists. Hospital design includes an ability to isolate and care for highly infectious patients, including pressure rooms and life support equipment. The health system must be mindful to avoid creating a perception that older people are being denied access to such services because of their age.
- Establishing COVID hubs allows the COVID-19 care expertise and experience to be concentrated, including expertise in using PPE and making more efficient use of PPE by staff (not needing to change between infected and non-infected residents). Also hospital staff, by virtue of their regular work processes, are required to conduct correct PPE practices routinely (eg theatre, ED, Infection Related Diseases management etc). Hospital compliance of well-rehearsed PPE practice can be variable as it is known to confuse even those who undertake it regularly as nuances need to be remembered. If we translate this to an aged care home which is already at a distinct disadvantage, it suggests a far greater risk of incorrect adherence to strict procedures known to reduce the spread of infection.
- The transfer of COVID positive residents out of the aged care home would help minimise the spread of COVID by reducing potential exposure, minimising preventable deaths and making it much easier to maintain a more normal living environment for the other residents and their families.
- Using existing regional hospitals would reduce the effort required of Health Departments and the Commonwealth to effectively replicate a hospital setting in every aged care home that experiences an outbreak. Catholic Health Australia encourages AHMAC to have regard to SA Health which has already adopted this approach i.e. nominating a COVID-19 centre (Royal Adelaide Hospital) and a process whereby COVID-19 positive people from residential care are admitted upon first diagnosis.
- Adopting a health system-wide approach using appropriately resourced regional hospitals significantly reduces the risk associated with aged care providers of varying capabilities (some that are also public hospital operators through to small single operator services) being

required to manage the extremely complex and demanding circumstances of a COVID outbreak in situ.

This includes sourcing up to an entire workforce overnight; heightened infection control practice; completely revised dining/catering processes and lifestyle activities; heightened communications with residents and relatives, in addition to the media and the general public; and the coordination of outbreak processes involving many external and internal individuals, including representatives from the Public Health Networks, State Health Department, the Department of Health in Canberra and its state office; and the Aged Care Quality and Safety Commission.

This is a novel and daunting experience for every aged care home that experiences an outbreak, and exposes the residents to many risk points when compared with a dedicated, well-resourced and experienced hospital environment.

To summarise, a health system-wide protocol which would cater for the transfer of COVID positive residents of aged care homes to a dedicated hospital environment would be a better experience for residents; enable better control of the spread of the disease; would involve more efficient use of health resources; and would significantly lower the risk of adverse outcomes associated with management of a complex pandemic in aged care homes that are not designed or operated for this purpose.

Yours sincerely



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