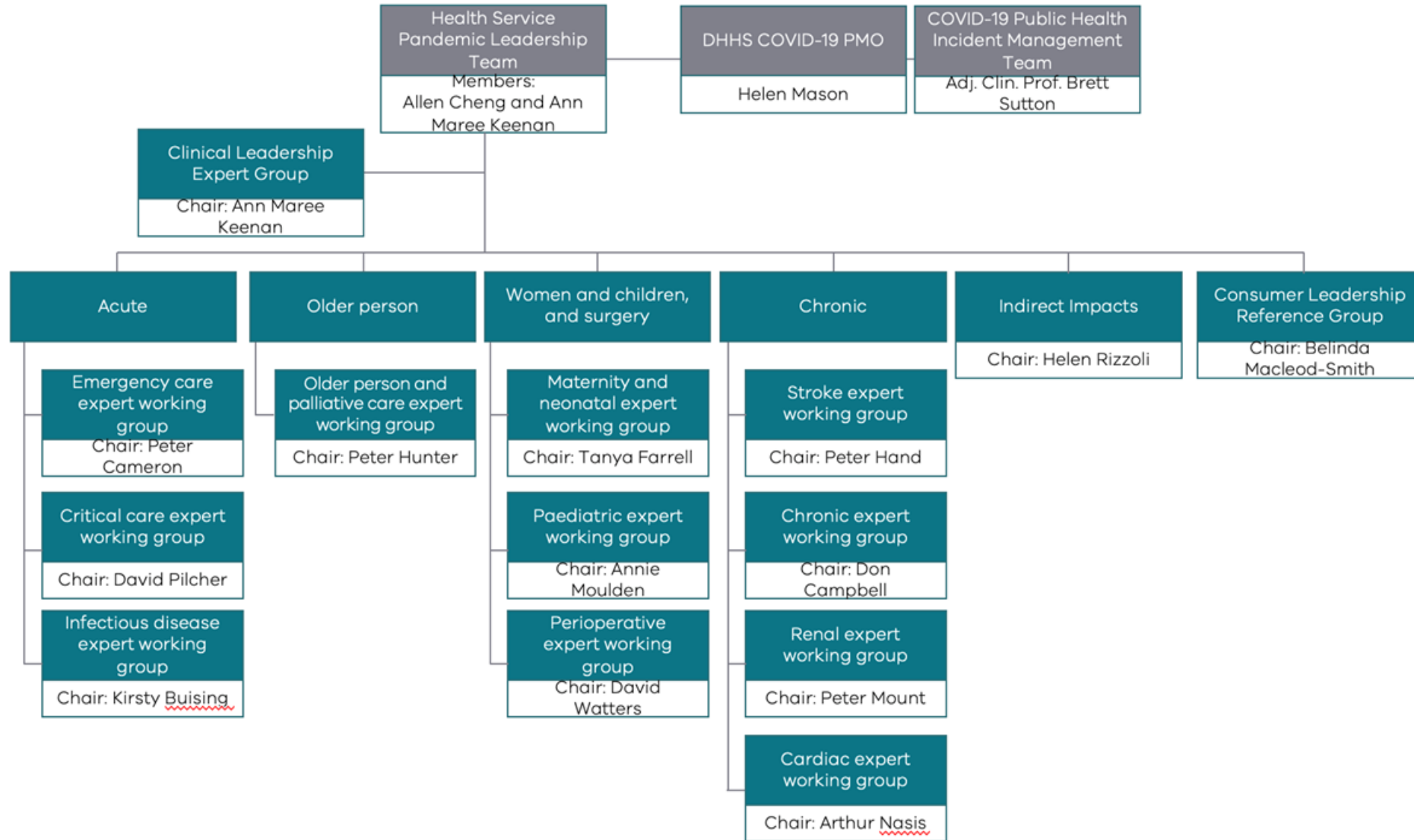

Introduction to the ‘Indirect Impacts’ Expert Working Group of the CLEG

9 October 2020

Clinical Leadership Expert Group and Expert Working Groups



In summary...

The Indirect Impacts Expert Working Group of the CLEG was established to consider and investigate possible patient cohorts where unintended harm or poorer outcomes may arise from the COVID-19 pandemic response.

We do this through:

- selection, reporting and analysis of measures of unintended harm, consequence or impact; and
- provision of advice to support appropriate care delivery and clinical response in healthcare settings in relation to unintended coronavirus-related harm.

Where potential areas of concern are identified, the group refer the findings to the CLEG and the relevant Clinical Expert Working Group for consideration and recommendation of mitigation strategies.

Scope elements – Categories of Measures for inclusion

1. 'Signals' of potential COVID Indirect Impact

- Patients who are not receiving timely care (e.g. timely transfers; bed capacity; long waiters);
- Patients who are not receiving required care (e.g. activity/volume shifts; LOS; left without being seen); and
- Patients at risk of deterioration (e.g. disease severity; pre-existing comorbidity; care setting)

2. True Outcome Measures

- Patients who are not receiving safe care – for example, through review of adverse events, Hospital Acquired Complications and Sentinel events
- Patients who are not receiving appropriate care – for example displaced care environment, variation in delivery team capability, increased readmissions
- Patients experience premature death or disability

Reporting development status as at start October 2020

| Measure | Category | Total |
|--------------------------|----------------------------------|-------|
| Indirect Impact measures | Number of agreed measures | 90 |
| | Discontinued | 5 |
| | Measures to be reported | 85 |
| Measure purpose | Signal measures | 72 |
| | Outcome measures | 18 |
| Current Development | Reported regularly | 60 |
| | Pending definition and reporting | 25 |

Key findings to date – the good

- The risk-adjusted rate of **Healthcare-Associated Infections** has reduced consistently across clusters, with the rates for April to June 2020 markedly lower than for the same period in 2019.
- Analysis of **Mortality ratios** demonstrates that observed (actual) deaths remain consistently lower than expected (modelled) which is a positive result.
- Analysis of **maternity related indicators** to date shows no statistically significant difference between this year and last year

Key findings to date – the not so good

Stroke and cardiac patients, as well as patients with suspected or known tumours are most at risk during the COVID-19 pandemic. There has also been a noticeable reduction in screening, diagnosis and early treatment for cancers.

- **Cardiac:** ED presentations for myocardial infarction/heart attack down by 18% compared to same time in 2019.
- **Cardiac -** Year on year, cardiac arrest numbers have not materially changed however a reduction in resus attempts, and overall survival rates is evident
- **Stroke:** ED presentations for stroke down by 24% compared to 2019.
- **Stroke:** Access to treatment: Significant increase in median time to treatment post symptom onset (noting that every minute delay equates to a day less of health life)
- **Cancer:** Reduction of approximately 30% in reporting for the five most common cancers (colorectal, prostate, breast, melanoma and lung) and an even greater reduction in reports for head and neck cancer during COVID-19.

The data suggests an increased threshold for the use of health services by patients during this period, which may signify missed opportunities for early diagnosis, treatment and intervention.

Key findings to date – the not so good

Impact of recent elective surgery postponements

- Almost 62,000 patients were waiting for elective surgery as of the end of August 2020, an increase of 10,756 since the end of January. Almost half of that increase (approximately 5,150) occurred between July and August.
- There has been a significant drop in patients admitted for surgery during April and August, which aligns with the planned reduction of elective surgery. The number of patients admitted for surgery between March and August 2020 was approximately 31,000 lower than for the same period in 2019.
- This means that, in total, approximately 40,000 procedures have not progressed since pausing elective surgery. (This number is based on 31,000 fewer procedures between March and August, and a rise of over 10,000 in the numbers on the waiting list).
- As the public system equates to less than 40% of elective surgical activity, the actual volume of elective surgery not done may exceed 100,000 procedures across both public and private sectors.

And so, what have we done about it?

1. Media campaign

- The Department has launched a campaign to encourage people to attend to all aspects of their health care during the pandemic. The campaign began with a media conference from the Premier and Minister for Health on Friday 11 September and was carried on all television bulletins that night. Messaging has also gone out on social media, with further posts scheduled over coming weeks.
- The department's media release can be found at <https://www.premier.vic.gov.au/hospitals-ready-and-waiting-support-all-victorians>

2. Informing plans for Elective Surgery restart

3. And Next Steps.....