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PANDEMIC HAS LESSONS FOR HEALTH AND AGED CARE

Catholic health and aged care operators are calling on government to create clear lines of communication to avoid the confusion that beset the sectors at the height of the COVID pandemic.

A new review into operations, [*Lessons Learnt from COVID-19*](#), has found multiple data requests, junior staff in the bureaucracy as contacts, and a surge workforce that was untrained and unprepared to work with COVID-affected patients were some of the challenges facing operators.

The report was compiled by Catholic Health Australia in conjunction with Australian Catholic University, and surveyed executives from four major providers in Victoria: Mercy Health, St John of God Healthcare, St Vincent's Health Australia and Villa Maria Catholic Homes.

It found that while Australia's medical system and governments could claim credit for beating COVID-19, the operators and bureaucracies could learn valuable lessons from the experience, which saw them forced to adapt quickly from planned – but ultimately inaccurate – scenarios.

Unlike in Europe and other countries around the world, the vast majority of COVID cases and deaths in Australia occurred in aged care facilities, particularly in Victoria, and not in hospitals, which were expecting their intensive care units to be inundated with cases.

The report outlines areas Catholic facilities performed well in during the different waves that hit Australia, among them:

- Strong leadership that put in place a centralised team that was able to adapt quickly and efficiently to the different scenarios;
- A willingness to make difficult decisions independent of government;
- Good regular communication with staff, patients and residents and their families;
- The purchasing of PPE stocks in advance and the proper training of staff in how to use them; and
- Deciding early to implement a policy that banned staff working across multiple sites.

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Yet the report goes on to detail how the human factor posed a significant challenge, with a large number of staff early on in the pandemic refusing to come to work or being furloughed due to an infection in their ranks.

Fatigue among all levels of staff and an abiding fear of infection also took their toll, resulting in a significant burden on management to ensure staff wellbeing was maintained.

The trauma of barring visits to aged care residents also created problems, even though some operators relaxed their protocols out of compassion to accommodate those who were dying or in distress.

The report goes on to catalogue areas that proved a constant challenge to those operators dealing with the intensity of the second wave that hit Victoria.

- Lack of senior expertise in public health units;
- Absence of a pandemic plan;
- Requests for data from multiple government agencies every day;
- The ability to absorb multiple daily announcements by both the State and Federal Governments;
- Poor training of the surge workforce, and their accommodation at large distances from their allocated temporary workplace;

The report – undertaken by ACU’s Faculty of Health Sciences – lists 12 recommendations for operators at an organisational level; nine for health services and five for government.

Catholic Health Australia CEO Pat Garcia said the review’s findings would serve as a template for what to do, and what not to do, in future pandemics.

“It’s clear the health and aged care landscape has changed irrevocably with COVID-19. Our members were forced to adapt in very testing circumstances and they did so very well.

“However, pandemics teach us there is no room for complacency, so this review has been a valuable exercise for us to take stock about what we did well and what could be done better.

“Our members are willing and able to work with government on how we can be COVID-prepared for the inevitable third or fourth wave that will hit these shores. We want to share these lessons with government to ensure that next time we are on the right footing.



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Adjunct Professor Stephen Cornelissen, the chief executive of one of the survey participants, Mercy Health Group, said: "One thing that we have learnt from the first stages of the pandemic is that the best approaches to manage the effects of the pandemic involved collaboration between providers, residents, families and the Government. This ensured we used all the various experiences and knowledge to develop effective responses.

"The reported issues with the current vaccination program may indicate that more of this type of collaboration is required, especially if we can draw on the clinical expertise and knowhow of front line providers.

"By way of example, Mercy Health could administer vaccines to residents and staff in our aged care homes. Like many providers, we provide annual vaccinations to staff and residents as part of our flu vaccination program so the clinical skill and safety are readily available."