

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?

No, Maryvale Private Hospital has followed the restrictions as detailed in the orders.
2. Has your organisation received any complaints about visitor restrictions? If so, what were the outcomes of these?

No formal complaints have been received regarding visitors restrictions. However, given patient and family preference, they would prefer for visitation to be relaxed in order for loved ones/families/friends to see each other. Everyone has been very understanding throughout the pandemic.
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)?

Orders have to be carefully read and interpreted to ensure that there is no misunderstanding. Where there are any grey areas or areas where it can be interpreted more than one way then the Department of Health is consulted for guidance for further information. Largely the challenges experienced throughout the pandemic have been surrounding rapidly changing information.
4. How many applications for visiting exemptions has your organisation received and how many been approved?

To our knowledge there have been no application for visiting exemptions. Visitors to the hospital have all been within the appropriate guidelines (ie: support for minor undergoing procedure, end of life situations).
5. What staff member of your organisation has assessed applications for exemptions?

Chief Executive Officer or Director of Clinical Services.
6. What steps were taken to inform all visitors and their relatives of visiting rules and capacity to apply for an exemption?

Posters visible at the front of the hospital building. Website is updated with current restrictions and guidelines, with a link to further information from the Department of Health website.
7. What steps were taken to advise staff of the availability of the exemption process when dealing with the public and visitors to patients?

Regular updates provided to staff throughout the pandemic via memos. Updates provided to all of the leadership team who in turn briefed their senior teams.
8. What was your overall impression of the system, and could it have been improved?

Given the continued challenges of the pandemic, the system did the best It possibly could given the circumstances. The only item that could have been improved is removing some of the ambiguity from briefings to hospitals with changes in rules/guidance/orders and to provide hospitals the necessary timelines to adopt them - this would have allowed additional time to engage and brief staff, and to have the necessary patient/carer related communications drafted in preparation to support these changes.