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# COVID-19 Home Visit Safety Optimisation

Initiative Type

Clinical Guideline

Status

Deliver

Added

11 August 2021

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URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/covid-19-home-visit-safety-optimisation>

## Summary

COVID-19 procedures largely focused on the hospital campus rather than patients' homes. A series of process testing simulations were therefore conducted to identify and address the gaps in procedures when they are applied to home visiting services in the community, leading to improved patient and staff safety.



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## Key dates

Jun 2020

## Implementation sites

Mater Hospital

## Partnerships

"Mater Infection Control Manager, Infectious Disease Consultant, Operations Manager Mater at Home Allied Health, Nurse Unit Manager Hospital In the Home, Midwifery Unit Manager MBWHS Ante Natal Clinic, MGP Midwifery Unit Manager Midwifery Group Practice,

## Key Contacts

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## Aim

To identify any gaps in the processes within the Mater COVID-19 Management Procedure as they are translated to Home Visiting Services and provide tailor-made recommendations to each service that will ensure the protection of staff and patients.

## Benefits

Staff have a greater understanding of the existing procedures and how they apply to each service, importantly the escalation procedures for seeking critical advice from the team leader and Infectious Disease (ID) Consultant.

Resources such as small alcogel bottles and plastic rubbish bags have been allocated specifically as a result of the testing.

Processes for contacting infectious disease consultant have been tested and managers of each service are now educating their teams on how to access this advice.

The COVID-19 Probability and Screening Tool has been widely distributed to team leaders and team members and is now included in all patient charts for some services through Hospital in the Home (HITH Nursing).

## Background

Maintaining safe and high quality care systems and services during COVID-19 requires keeping staff and patients well as COVID changes our work and home lives.

## Solutions Implemented

- Identify an agreed-upon standard process of ensuring same-day screening for all home visits.
- Standard infection control precautions need to be taken, with any materials taken with the clinician into the patient's home for direct application.
- The team leader should be contacted if the staff member becomes concerned that they may have been exposed to COVID-19.
- Team leader and staff member review the scenario by using the probability screening tool, then liaising directly with the Infectious Diseases Consultant if indicated.
- Team leaders should reiterate to their teams the importance of observing COVID-19 precautions and ensure resources are available.
- Identify the appropriate resources for COVID-19 specific infection control in the community.



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## Evaluation and Results

A simulation scenario was designed in collaboration with the managers of the services who employed a Simulation Quality Improvement Observation Tool to measure the actions of staff.

The observation tool results determined the severity rating which was allocated to assist in the prioritisation of concerns identified in relation to safety, efficiency, quality, experience and future viability.

National Safety and Quality Health Service Standards (NSQHS) of clinical governance, healthcare associated infection and communicating for safety were addressed.

The value of the project was recognised by the service managers at the simulation itself and the debrief which led to practical solutions.

Service managers stated their intention to further investigate their practice and staff engagement through surveys and consultation, and to develop new work instructions as a result of the simulations. The service managers will adopt new infection control resources and implement changes in practice for stowing equipment, screening and communicating with patients prior to visits, and connecting healthcare workers with the best possible just-in-time advice.

Services will develop in-house processes or modifications to the existing procedures based upon their specific requirements. For example, pathology will not contact the ID Consultant as this provides limited value to their services, whereas for HITH Nursing this adds great value. Following discussions regarding infection control requirements, the maternity unit will survey their team to review their process for stowing and transporting clinical resources for efficiency and safety.

## Lessons Learnt

Solutions are often in place within an organisation, but this may not be communicated to or known by team leaders and staff.

The existing standard infection control procedures have proved to be robust for COVID-19, however their effectiveness is impacted by how they are applied. Some minor alterations to current practice have resulted from observing these procedures in action.

Not all services have clinicians in their reporting line, for example Pathology Collectors do not consider themselves to be clinicians; hence some parts of the process were not considered beneficial.

The nature of the relationship between the patient and the health worker significantly impacts on the subsequent involvement of the clinician, for example, HITH clients are considered hospital inpatients, but pathology clients are typically visited once for taking bloods and are not considered inpatients.

By speaking with the ID Consultant, services employing clinical staff such as nurses have capacity to offer COVID-19 tests by returning to the property with available PPE. However, this opportunity is likely to be missed if this procedure to talk to ID consultant is not followed.

Generally, the interest in engagement with the quality improvement cycle was high. COVID-19 is a motivating factor.

Shared knowledge between areas leverages engagement and learning.

The Mater Hospital's in-house OptiSim process proves to be time consuming and expensive, requiring significant commitment from the stakeholder services. Although extensive pre-consultation in design is essential, the benefit derived includes the sharing highly specific knowledge between



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services which would otherwise not be compared.

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