Virtual ED – Employee Forum



Virtual ED Model & Workflow

Mode Telehealth only (Video & Audio)

Hours

7 days/week (12:00-21:00)

Staffing

Clerk (On-site)
Emergency Physician (Remote)
Care Coordinator (Community)

Patient (> 3months of age)



Calls Ambulance from the Community:

- Home
- Residential Aged Care
- Supported Accommodation
 - Other

Virtual Consult

Virtual ED Physician



Assesses if patient can remain at home with treatment and/or diversion strategies:

- Education
- Reassurance
- Prescriptions
- Community Referrals
- Specialist Referrals
- Recommendations to GP

Ambulance Victoria



Completes
observations/assessment and
accesses Virtual ED through
QR code:

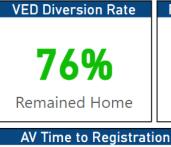
- Stays with the patient
- Can administer some treatment (e.g. IV meds)



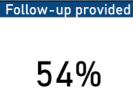
Monash Health Virtual ED Dashboard

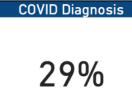






1.43



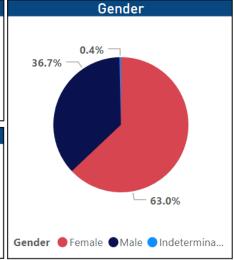


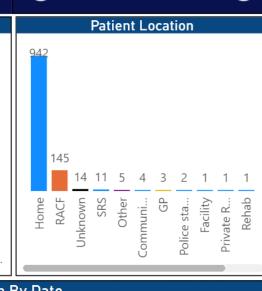


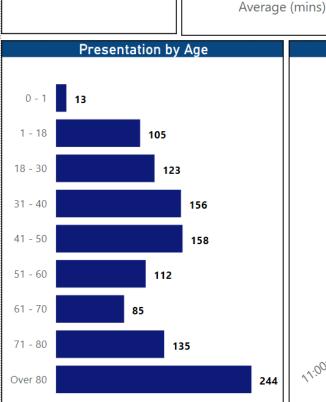
Representations (<72hrs)

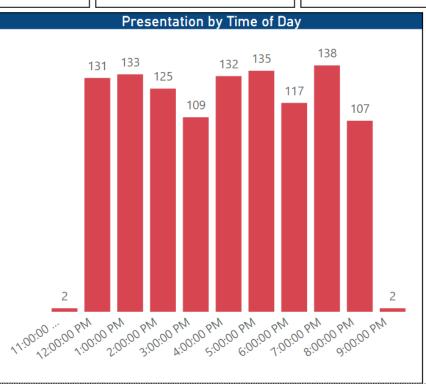
79

Left After Waiting





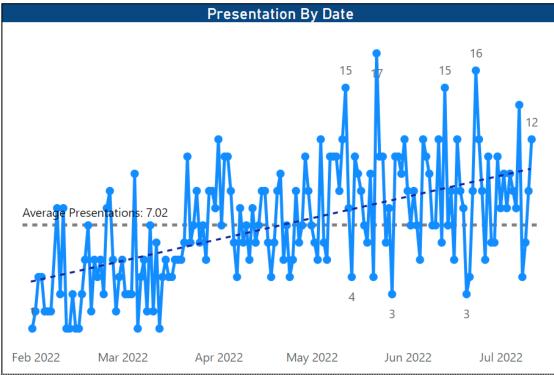




Virtual ED Length of Stay

26.26

Average (mins)



Our 1000th Patient









Patient:

5 year old girl with positive Rapid Antigen Test

History:

- Two days of fever & runny nose
- 2 x vomits
- Decreased fluid intake

Observation:

Alert with mild cough, high temp (40°C), elevated heart rate

Assessment:

Elevated heart rate likely due to fever

Recommendation:

- Encourage fluid intake
- Remain home if heart rate improves
- Transport to ED otherwise

Treatment:

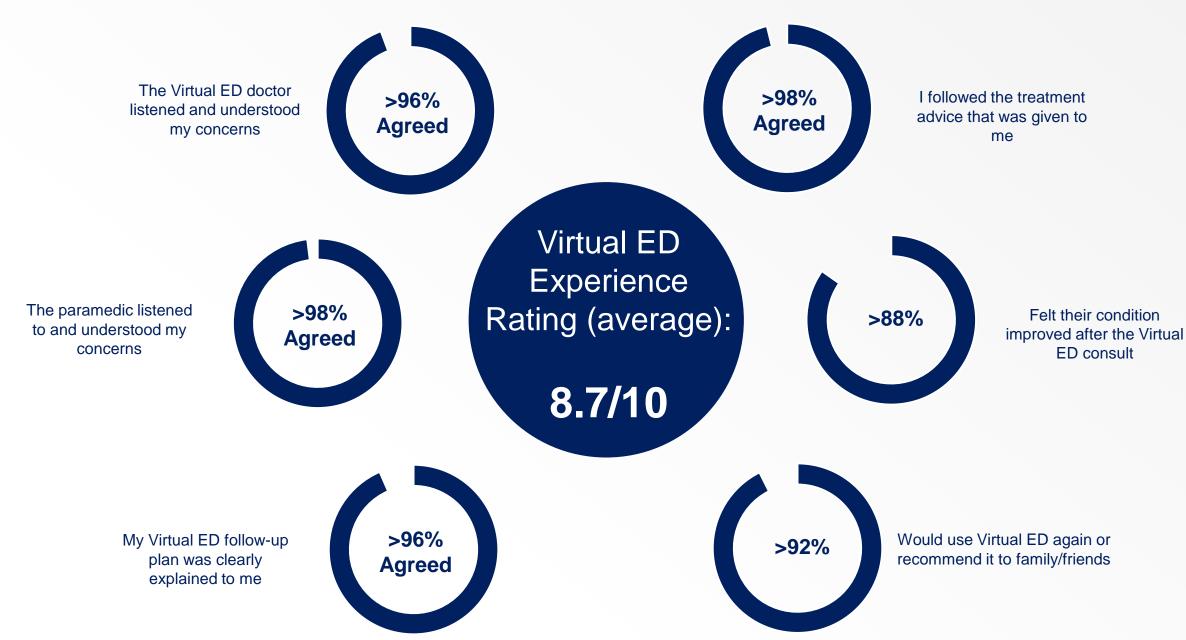
- Administered paracetamol
- Stayed on scene to monitor heart rate

Community Follow Up (24hrs & 7days post):

- Did not subsequently present to Monash Health ED
- Improved over next few days
- Did not require further medical care for illness

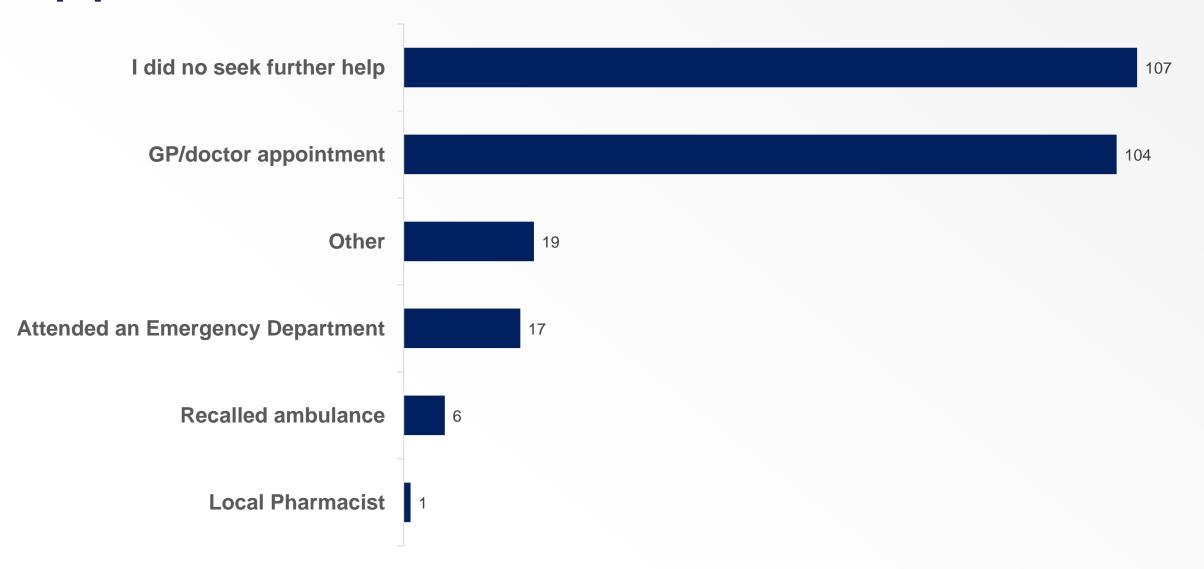


Preliminary Patient Survey Results (from 230 responses)





Did you use any additional health care outside your follow up plan?





Clinical

"Received the help I needed"

"Reassuring enough to stop me going into hospital"

"Doctor listened and gave good advice"

"I felt really safe and secure with the treatment and monitoring care from home"

"Initial assessment seemed more through than some visits to ED"

Patient Experience

"Thoroughly professional"

"Listened to my recommendation"

"Outstanding"

"Very impressed and I felt safe and valued"

"Fantastic Service"

"Love this service!!"

"Just many thanks"

"Surprised by how quick and efficient it worked"

Insights

"Wonderful alternative rather than tie up ambulance and patient at ER for hours"

"Very good for disabled people"

"Fantastic edition to our medical system"

"Saved me what in the end would have been an unnecessary trip to hospital"

"Thank goodness for this life line"

"Felt better than Nurse on Call"

Improvements

Streamline experience when required to go to ED

Improve prescription processes

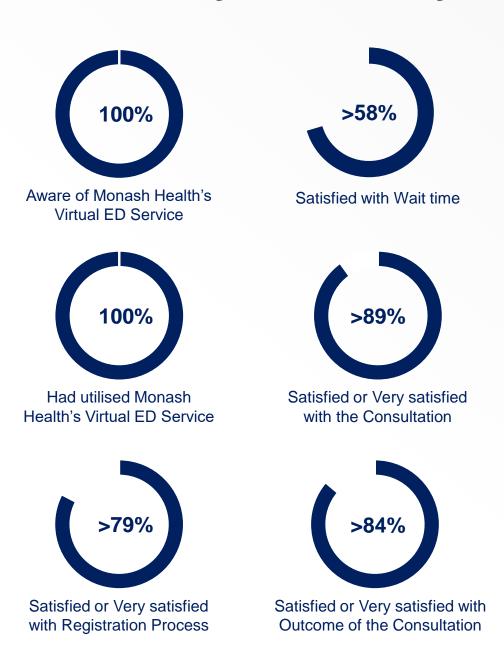
Improve the system and technology involved

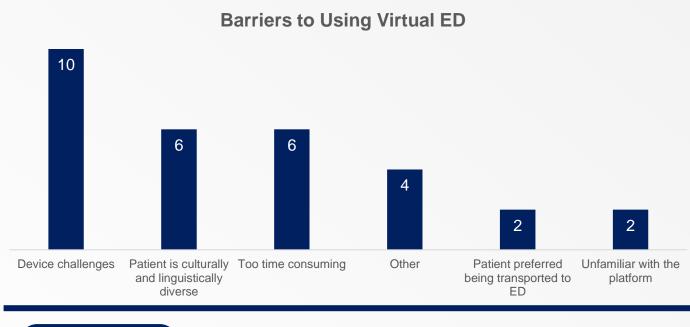
Better customer service

Improve links to Primary Care



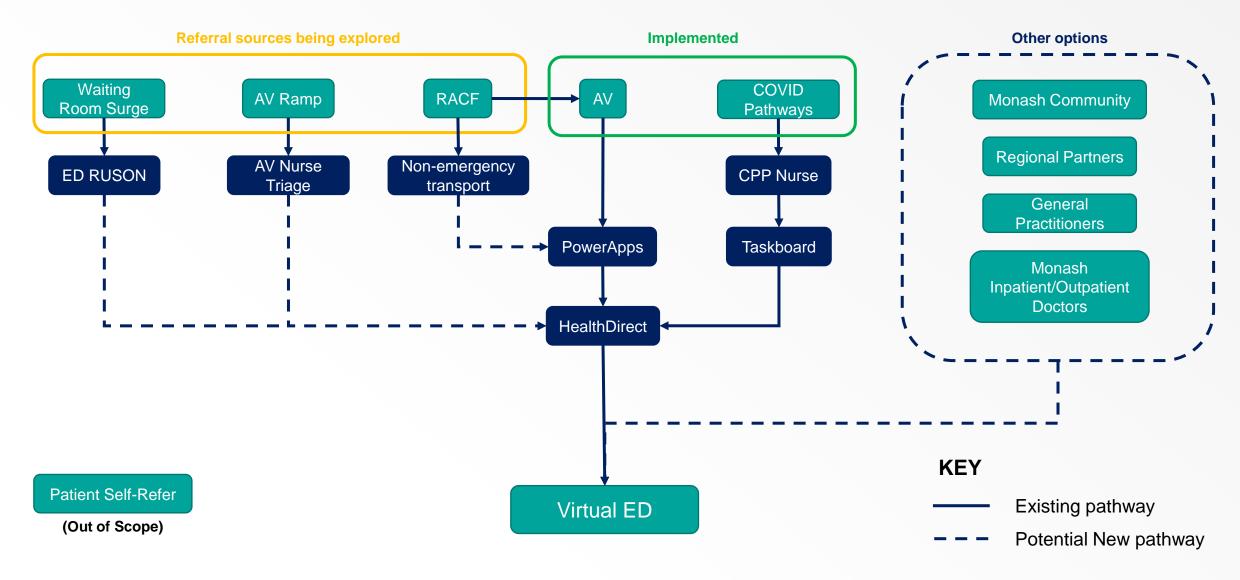
Preliminary AV Survey Results (from 19 responses)







Virtual ED Expansion Priorities





Virtual ED Project Team

Operational/Clinical

Georgia Soldatos (Acting Program Director, Acute, Subacute and Community Program)

Neil Goldie (Service Director, Emergency Medicine)

Rachel Rosler (Director - MMC, Emergency Medicine)

Maddi Howard (Medical Clinical Lead, Virtual ED)

Vicki Abilovska (Clerical Lead, Virtual ED)

Julie White (Director, Community Assessment Response and Nursing)

Debra Gascard (Deputy Director of Nursing, Acting Manager Complex Care & Acting Manager Covid Pathways)

Transformation Office

Stephanie Pearce (Senior Transformation Partner)

Steven Dang (Transformation Partner)

Public Affairs and Communication

Matthew Mahon (Communication Support)

Digital Health

Michael Franco (Chief Medical Informatics Officer)

Alex Duong (Deputy Chief Medical Informatics Officer)

Steven Thirlwall (Senior Clinical Applications Specialist, Emergency Medicine)

Jeremy Maidment (Manager, Covid Technology Response)

Collaborators













