



Submission to Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Inquiry into the Queensland Government's health response to
COVID-19

July, 2020

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the opportunity to make a submission about the Queensland Government's health response to COVID-19.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland (QLD) government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 63,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

This year 2020 is dedicated to celebrating the International Year of the Nurse and the Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve Sustainable Development Goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

The QNMU wishes to commend the QLD government for their effective health response to the COVID-19 pandemic. The state-based social distancing measures, public health actions and restrictions have reduced the number of active cases remaining in QLD, indicating a promising transition towards containment. The QNMU applauds the QLD Government for their timely and effective decision-making and coordination with all levels of government, particularly with the National Cabinet, and the community about minimising the risks of COVID-19 transmission. The QNMU also commends the Queensland community for their response to such adversity. The manner in which the vast majority of Queenslanders have reacted to the pandemic has demonstrated outstanding social solidarity and a commitment to be united to address such a significant and unprecedented threat.

The pandemic has highlighted the vital role that nurses and midwives play in responding to emergencies. Nurses and midwives have responded proactively, finding innovative ways to continue providing safe and effective health care to their communities. Although the QNMU wishes to commend the QLD government on their health response to COVID-19, there are a number of oversights and recommendations we wish to raise. In our view, it is imperative that the QLD government utilise the lessons learned throughout the pandemic, to inform future preparedness and response plans. Our submission will focus primarily on the QLD Government's health response as it relates to the nursing and midwifery professions.

Recommendations

The QNMU supports and recommends that the QLD government continue to focus on:

Personal Protective Equipment (PPE):

- Improve access and use of PPE through local supply chains;
- Mandate PPE supply contracts with locally sourced manufacturers;
- Provide further guidelines for PPE (laundering of uniforms, PPE use etc) in line with emerging evidence-based research;

Integrated health systems:

- Integrate health systems to support the delivery of services to ensure that the right care is provided at the right time and in the right place;
- Improve communication and collaboration with health services – particularly in the aged care sector;
- Utilise nursing and midwifery-led models of care to improve health system integration

Scope of practice:

- Remove barriers for nurses and midwives to work to their full scope of practice;

Social determinants of health

- Engage policy strategies and funding models that target social determinants of health (particularly for high-risk populations including those in aged care and Aboriginal and Torres Strait Islander populations to work towards closing the health inequity gap);

Medical Benefits Scheme (MBS) telehealth items:

- Expand the MBS items available for nurses and midwives working in private practice and primary care settings, as well as nurses and midwives utilising telehealth models;
- Expand MBS telehealth items for mental health services;

Innovation:

- Support innovative nursing and midwifery-led models of care that have emerged to respond to the COVID-19 pandemic;
- Utilise nurse and midwifery-led models of care to respond to non-COVID-19 related health care demands that are predicted to surge during the recovery phase;
- Support midwifery-led community models of care to provide alternative care out of hospital settings;
- Expansion of the Hospital in the Home (HiTH) model to midwifery services on an ongoing basis;
- Continue to utilise MBS telehealth services that provide non-COVID-19 related maternity services;

Funding:

- Provide funding for research into the efficiency of telehealth models and nursing and midwifery-led models of care that can be utilised for a range of preparedness and emergency responses;
- Increase funding to support nurses and midwives responding to the long-term impacts of COVID-19, mental health and vulnerable populations (DV, homelessness, poverty);
- Increase funding to incentivise health sector partnerships as part of a health system integration strategy.

Overview

The QNMU applauds the QLD Government's health response to the COVID-19 pandemic. In our view, the QLD Government has worked cooperatively with all levels of government to ensure a consistent and integrated response across QLD. QLD has taken a precautionary approach to the pandemic, implementing strategies to minimise transmission through biosecurity arrangements, social distancing measures and disseminating communication effectively to the general public, to ensure that the QLD population is well informed and engaged in the state's response.

The QLD Government has developed consistent and comprehensive operational plans for the public health response and the health service response. The 16 Hospital and Health Services (HHS) across QLD have acted as the lead agency for the pandemic response. HHSs have engaged Local Disaster Management Groups (LDMG) and District Disaster Management Groups (DDMG) to enable a tailored and specific response (QLD Government, 2019).

The QLD Government has a primary responsibility to ensure that hospitals can cope with increasing health care demands and potential surges in COVID-19 cases. The QLD Government has engaged a measured approach to planning by modelling scenarios for mild, moderate and high-volume cases of COVID-19 since the public health emergency was declared in January. In our view, the QLD Government has supported hospitals in preparing for the earlier predicted clinical care demands, through improving Emergency Departments (EDs) and critical care capacity, increasing the number of hospital beds, planning for the use of external medical facilities, providing assessment and treatment centred care for those who tested positive for COVID-19 and increasing workforce capacity.

Preparedness

PPE supply and supply chains

It is fundamental that all nurses, midwives and other health workers have access to adequate supplies of PPE during the pandemic to minimise the health and safety risks to health care professionals and patients. The QNMU commends the QLD Government's efforts to resource local PPE supply chains and work towards providing adequate supplies of PPE to health services around QLD. However, it is important to recognise that in the early stages of the pandemic, QLD's stockpile and supply chains were inadequate to cope with the potential demand. QLD health services were forced to be diligent about appropriate use and monitoring of PPE, leaving health professionals vulnerable to the potential

risks of contracting COVID-19. Whilst it is important to conserve PPE use, it is imperative that health professionals have access to fit for purpose PPE when it is clinically necessary. In addition, limited supplies have caused significant distress to health professionals working in high-risk locations, who have been fearful of infecting themselves, their families and other community members. In the later stages of the pandemic, local QLD businesses took urgent action to manufacture PPE supplies for frontline workers, including N95 disposable face masks. The occupational health and safety of health care workers must be the highest priority for the QLD Government (MacIntyer & Heslop, 2020). As such, the QNMU implores the QLD Government to continue to plan and prioritise local supply chains, so that we are well equipped to handle future emergency responses without reliance on limited national stockpiles or international supply chains. Mandating that all contracts stipulate local manufacturing as a means of supplying PPE will protect supply chains and encourage local manufacturing. The QNMU also encourages the QLD Government to pursue locally sourced medical supplies and medicines, to support the development of local industries and greater self-reliance.

PPE guidelines

PPE is a valuable resource, and correct management and guidelines are essential to support health professionals to effectively care for their communities. The COVID-19 pandemic has highlighted that standards of practice can be limited by access to evidence-based research and education. The QNMU believes that the QLD Government should encourage evidence-based research to inform a consistent policy that is applied to all HHSs in PPE best practice and management (MacIntyer & Heslop, 2020). Evidence around PPE is continuously evolving, and it is imperative to provide all health professionals and other health care workers with consistent advice and guidance. For that matter, it is important that enhanced and timely union consultation occurs about infection control measures so that the QNMU can disseminate education and guidelines to our members.

For instance, the research around fit testing of PPE is rapidly changing with the pandemic. Currently, the evidence indicates that in order for health professionals to work safely and effectively, all PPE equipment should be fit tested to ensure it is the appropriate size and fit for the individual (United Kingdom Health and Safety Executive, 2020). A number of national bodies, including the Commonwealth Department of Health, National Health and Medical Research Council, and the Australian Commission of Healthcare Safety and Quality identify that both fit testing and fit checking must be routinely conducted to ensure the safety of health professionals is maintained when using P2 and N95 masks. The QNMU recommends that the QLD Government consider implementing guidelines

for fit testing and fit checking that are standardised across all HHSs. We also recommend that appropriate funding is provided to QLD HHSs to ensure all health professionals have access to training and education resources. Along with fit testing and fit checking, we recommend that the QLD Government invest in research into best practice evidence for using gowns, laundering of uniforms and donning and doffing of PPE. Only then can effective and well-informed guidelines be developed for HHSs to distribute to ensure appropriate safety and quality standards are met.

Contact tracing, screening and testing capacity

Testing and contact tracing capacity has grown significantly as we understand more about the nature of the COVID-19 virus (Kucharski, A.J. et al., 2020). The QNMU acknowledges the exceptional efforts of the QLD Government to increasing testing and tracing capacity for COVID-19 transmission. The rapid increase in surveillance collection methods have informed QLD's public health response and contributed to the rapid decline in new cases.

QLD has performed a record number of COVID-19 tests and has now reached capacity to perform 10,000 tests per day. Improving testing capacity has enabled QLD to also broaden groups and populations who are eligible for testing, such as conducting community testing within groups showing mild symptoms (Smith, 2020).

Health care professionals must have ready access to screening and testing to enable rapid identification of COVID-19 infection. Not only does this protect health professionals from risk but ensures the availability of the health workforce to respond to surges in COVID-19 cases. The QNMU recommends that the QLD Government continue to prioritise testing, screening and contact tracing as a high priority for health professionals as restrictions are relaxed and workplaces re-open.

Upskilling Nursing and Midwifery Workforces

The QNMU commends the Australian Government's funding of critical care education pathways to prepare for COVID-19 delivery of care across Australia. Upskilling nurses utilising critical care education is a necessary step to ensure that our health systems can cope with the potential challenges of COVID-19, however, it is essential that processes are in place to ensure that these skills are maintained on the basis that the next pandemic is a case of "when" not "if". The QNMU recommends that the QLD Government's health response continue to provide education programs for nurses and midwives to deliver high-quality care to COVID-19 patients. We also emphasise that providing further

education pathways are only as effective as a well-staffed workforce. The QNMU recommends that nursing and midwifery workforces should be adequately staffed to ensure there is enough capacity to cope with health care demands, attributed to COVID-19 and its consequences.

The QNMU recommends the continued training, skill development and upskilling of the nurses and midwifery workforce beyond the COVID-19 recovery phase. We recognise that future preparedness plans require both nursing and midwifery workforces to be appropriately trained, staffed and supported to respond to future emergencies.

Health system integration

Improving health system integration enables the health system to respond more efficiently to increasing demands and enhances the patient experience and health outcomes. It bridges the gap between health service delivery, access to health care and health inequalities across populations. This can be achieved by removing barriers between primary and secondary care. The QNMU advocates for cross-sector collaborations to address health equity and social determinants of health and improved clinical integration of care across health systems.

COVID-19 has further highlighted the need to provide targeted care to vulnerable populations who are most at risk of the impacts of the pandemic. For instance, the lack of culturally inclusive health service delivery further contributes to Aboriginal and Torres Strait Islander health inequalities. COVID-19 places a significant health burden on Aboriginal and Torres Strait Islander populations, which needs to be urgently addressed whilst responding to the pandemic. To address service gaps in Indigenous communities, nurse and midwifery-led models of care are vital.

Nurses and midwives are best placed to provide high-quality health programs in geographically dispersed services to disadvantaged populations. The QNMU recommends that the QLD Government consider nursing and midwifery-led models of care that target disadvantaged populations and high-risk locations.

Integration is one possible solution for the growing need for improved person-centred care (Suter et al., 2009). Health system integration also offers the benefits of reducing unnecessary hospital admissions, helping to decrease the risk of COVID-19 exposure wherever possible. The QNMU recommends that the QLD Government considers the need to integrate health systems to support the

delivery of services to ensure that the right care is provided in a timely manner and in the right place (WHO, 2018).

We urge the QLD Government to encourage health care providers to retain employment for our aged care workforce, as a strong workforce is critical to addressing the growing health care demands and strain COVID-19 has placed on our health care system.

The COVID-19 pandemic has also highlighted that integration between the various health sectors and aged care is essential. As identified by the response to the closure of the Earle Haven aged care facility at Nerang in 2019 and the response to the feared outbreak at North Rockhampton Nursing Centre most recently, the State Government is the only entity (in conjunction with local state health services) that has the capacity and authority to respond rapidly to such an issue. The QNMU commends the work undertaken by Queensland Health to coordinate the pandemic response by the aged care sector (both public and private). In conjunction with the Commonwealth Government, regulators and other stakeholders, the QNMU recommends that the state review its capacity to respond and has the regulatory capacity and machinery in place to rapidly respond to future events.

Contribution of nurses and midwives

In 2020, we are celebrating the International year of the nurse and the midwife much differently to how we anticipated. COVID-19 has put into sharp focus the value of the nursing and midwifery workforces and their significant contribution to the pandemic response. Nurses and midwives have continued to find innovative ways to provide care to their communities, despite the very real risks they are faced with on a daily basis. In our view, nurses and midwives should be central to the national, state and regional planning and preparedness strategies. Unfortunately, this is not always evident in practice. Unfortunately, nursing and midwifery representation “at the table” where key decisions are made was not consistently assured during the pandemic response. Nurses and midwives also continue to experience barriers to their practice and care delivery, due to issues like workload stresses and staffing constraints. It is imperative that the implementation of safe staffing ratios and skill mix are introduced across all sectors to enable nurses and midwives to provide high-quality care throughout and after the pandemic.

Despite this, there are many lessons learned from the pandemic so far. The QNMU encourages the QLD Government to utilise these lessons to strengthen the nursing and midwifery workforce and invest in nurses and midwives as two of our most valuable human resources in battling COVID-19.

Scope of practice

The definition of scope of practice for nurses is that which “nurses are educated, competent to perform and permitted by law”. The scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider (Nursing and Midwifery Board of Australia, 2017). Scope of practice for midwives is defined as “the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law”. The actual scope of the individual midwife’s practice will vary depending on the context in which the midwife works, the health needs of women and the baby or babies, the level of competence and confidence of the midwife and the policy requirements of the service provider (Nursing and Midwifery Board of Australia, 2018).

COVID-19 has emphasised a need to explore, redefine, extend and expand the professional scope of practice limits for all health professionals as part of standard practices and preparedness plans. We encourage the efforts made to improve scope of practice for nurses and midwives during the COVID-19 pandemic response to be retained as part of standard practice. The QNMU believes that the QLD Government has an opportunity to improve healthcare delivery by recognising the value of nurses and midwives when enabled to work to their full scope of practice.

Workforce capacity

A key lesson we have learned through the pandemic is the capacity to rapidly mobilise our nursing and midwifery workforce, through escalating upskilling, training and deployment to meet surge capacity needs and expected healthcare delivery demands (PWC, 2020). Health services have prepared for the potential increases in demand for intensive care unit (ICU) services, implementing rapid ICU upskilling and training for nurses to be deployed to ICU locations as needed. We also recognise the efforts made to streamline staff redeployment for nursing and midwifery, reallocation of staff to work in fever clinics and other COVID-19 specialised response activities. However, it must be emphasised that direct entry midwives, must only be deployed to areas where they can practice midwifery.

We have seen the impact of expanding the nursing and midwifery workforce through the Nursing and Midwifery Board of Australia (NMBA) sub-register, recruiting retiree nurses, general nurses, undergraduate students to utilise their clinical skills and experience. The QNMU commends the

NMBA, the Australian Health Practitioner Regulation Agency and National Boards for their efforts to develop a sub-register for each profession to fast track experienced and qualified health practitioners return to the workforce, in preparation for expected surges in healthcare demands. The QNMU encourages the QLD Government to support the maintenance of the NMBA sub-register, to maximise the capabilities of the healthcare workforce to respond to future emergencies.

The QNMU also urges the QLD Government to continue to advocate for systemic change within the aged care sector that would better position the sector to respond to future pandemic events. These include:

- Evidence-based staffing and skill-mix;
- Transparency and accountability for aged care funding;
- Regulation of the largely unregulated aged care work as a means of boosting the capacity and capability of the aged care workforce to meet the care demands of the sector.

Social determinants of health

The burden of social determinants of health and COVID-19 morbidity is underappreciated. The World Health Organisation (WHO) Commission on the Social Determinants of Health determined that population health is driven by the conditions where people are born, grow, live, work and age (Hill, 2020). These conditions should be considered by the QLD Government during the COVID-19 pandemic and future pandemics.

Whilst no one is immune from the risk of contracting the virus, the health implications are disproportionately higher for those who are most socially and economically disadvantaged (Hill, 2020). For instance, research indicates that current or former smokers have significantly more severe symptoms of COVID-19 than non-smokers relative risk [RR] 1.4 [95% CL 0.98-2.00]. This is concerning as people of lower socioeconomic status are more likely to be smokers (CDC, 2020). Additionally, this population is at an increased risk of ICU admission, mechanical ventilation or COVID-19 related mortality RR [2.4, 1.43-4.04] (Vardavas & Nikitara, 2020). Social determinants and COVID-19 morbidity are further compounded in the context of underlying chronic respiratory conditions such as asthma (The Lancet, 2020). These social determinants increase the risk of repeated hospitalisation and the need for chronic disease management (The Lancet, 2020).

Measures intended to minimise harm and spread of the virus can inadvertently exacerbate social inequities in some instances (Hill, 2020). In order for the QLD Government to prevent every avoidable

death, the COVID-19 response must account for the disproportionate impacts of its measures. For instance, social distancing measures are effective for a large percentage of the population, however, for other populations such measures are unachievable, such as those living in poverty, experiencing homelessness, overcrowding, living in refugee camps (The Lancet, 2020). Homeless populations are at an increased risk of transmission due to crowded living spaces, compounded with limited access to health services that provide testing and screening (The Lancet, 2020). This is evidenced by a Boston study that found that 36% of individuals living in a homeless shelter tested positive for COVID-19 (The Lancet, 2020).

Addressing the social determinants of health appropriately is fundamental for improving health and reducing inequalities. The QNMU urges the QLD Government to engage policy strategies and funding models that target social determinants of health. Whilst QLD must prioritise our health response to COVID-19, it should not be at the expense of increasing inequalities. At all levels of government, planning should consider what is needed to protect the most vulnerable community members. An equity lens must be applied. The QNMU believes that implementing nursing and midwifery-led models of care can target vulnerable populations, such as those who live in aged care facilities and Aboriginal and Torres Strait Islander populations, to provide health care that is specific to their needs. In our view, the success of the QLD Government's health response should be measured as a whole-of-population approach, whereby strategies are implemented that address inequalities moving forward.

[Expanding health care delivery: 19\(2\) exemption](#)

The COVID-19 social distancing measures, whilst necessary and effective, have created a barrier to physically attending health care services. Conversely, these measures impact health care providers, such as nurse practitioners and their ability to prescribe medications and carry out usual health care services.

The implementation of electronic prescribing and the introduction of the home delivery services of Pharmaceutical Benefit Scheme (PBS) and Repatriation Schedule of Pharmaceutical (RPBS) medications, has provided alternatives for providing and receiving medicines. Further measures such as increasing bulk-billing incentives and adding pathology diagnostics for COVID-19 screening as billable Medicare Benefits Schedule (MBS) items have also been a valuable strategy. Such strategies enable care outside of the hospital setting, that is crucial to reduce the risk of COVID-19 infection and placing further emphasis on public safety.

The QNMU recommends expanding the Council of Australian Governments s19(2) exemptions Initiative (Department of Health, 2020) to include all geographical areas in Australia, not just in rural and remote localities. This expansion would enable midwives and nurses to work to their full scope of practice within community-based services, reducing the need for intervention from general practice clinics or hospital care (Department of Health, 2020). The QNMU advocates for the expansion of the MBS items available for nurses and midwives working in private practice and primary care settings, as well as nurses and midwives utilising telehealth models.

The new telehealth MBS items for mental health services are also well suited to the COVID-19 pandemic, by ensuring access to mental health services while minimising the risk of infection (Zhou, et al., 2020).

The QNMU recommends that the QLD Government seek a National Federation Reform Council partnership agreement and other means in order to provide:

- Expand primary health services to include midwives as a fundamental component of primary maternity health;
- Provide options for midwives to have rights to private practice similar to Medical doctors;
- Provide an exemption for persons with a Medicare provider number from section 19(2) as part of a strategy to incentivise hospitals to shift models of care that are supported by evidence to improve outcomes;
- Ensure indemnity Insurance provision for employed midwives includes their private practice work in public hospitals like arrangements well established within Memorandum of Understandings.

Innovation

Nursing and midwifery-led models provide agile value-based health care. COVID-19 has shifted the way nursing and midwifery services are delivered. Whilst creating many barriers to health care, the pandemic has offered an unprecedented opportunity to reflect on the way health care is delivered and translate the lessons learned from this crisis into innovative opportunities for growth and long-term health outcomes.

COVID-19 has created a sense of urgency and a need to collaborate with a broader range of stakeholders. Teleconferencing has expanded opportunities for consumers to engage more frequently

and more deeply about health issues than with traditional engagement methods. The QNMU encourages the continued engagement of consumers in conversations about health and innovation.

Models of Care

The QNMU has long held the belief that nursing and midwifery-led models can improve health service delivery and continuity of care. The pandemic has forced health systems to consider alternative means of health service delivery, and innovative models of care have been one of them. Many new models of care have been implemented that have improved patient outcomes and provided effective and efficient care during the pandemic. These include discharge and hospital avoidance models, care in place, hospital in the home, virtual wards and telehealth and teleconferencing. Such measures have demonstrated the capacity for the nursing and midwifery workforce to adapt to new forms of health care whilst continuing to provide high-quality health care. Such innovations have challenged the status quo of the way health care is delivered, offering sustainable solutions to health care issues beyond COVID-19.

Examples of this were the development of virtual models of care in the community, enhancing HITH and Hospital in the Nursing Home (HINH) models. These models were highly successful in keeping vulnerable populations outside of the acute hospital system at this crucial time.

Nurse navigators

The Nurse Navigators are another example of a flexible workforce whose adaptability when confronted by COVID-19 was utilised as a key part of each HHS COVID-19 response. At first, some HHSs deployed nurse navigators to lead fever clinics, but many nurse navigators responded with different solutions, such as becoming coordinators of care in the community, and partnering with primary care networks, community-based health teams and other services. They created models of care to protect vulnerable clients with multiple co-morbidities and/or chronic respiratory conditions, while also continuing their care of current clients, to ensure their clients were self-managing their conditions.

Nurse Practitioners

The QNMU advocates for the expansion of the Nurse Practitioner workforce to provide additional surge capacity for future COVID-19 and other emergency response needs. Nurse Practitioners can operate independently to prescribe, order tests and provide cost-effective care for patients. The

QNMU suggests the need for an active plan to identify roles for Nurse Practitioners and support for education for candidates and funding and recruitment into roles. We encourage all efforts made to develop a state level Nurse Practitioner Plan.

Telehealth and e-Health

The COVID-19 response has required many health services and health professionals to transition to telehealth models of care in order to keep patients and health professionals safe. The University of Queensland Centre for Online health has tracked telehealth MBS item numbers to identify trends in telehealth use during COVID-19. The resource indicates that Nurse Practitioner telehealth consultations have increased by 18% between March 2020 and April 2020 (Snoswell et al., 2020). The government's investment and support for the implementation of telehealth services around QLD have been an important step to ensuring that patients are still able to have access to appropriate and effective health service delivery, whilst adhering to social distancing measures. The QNMU does however, question the restriction of telehealth MBS items to patients with an established relationship to a practice. Whilst the restriction offers continuity of care for long-term patients, the scope limits access to populations in urgent need.

Telehealth services have enabled more person-centred care, especially for chronic disease management and outpatient follow-up care. Many primary care services have been delivered through telehealth. The telehealth virtual care clinic is an example of outpatient clinical consultations that have been successfully replicated online.

Nurses also provide coordinated care plans for patients to assist with their health care journey. One particular innovation has been to utilise telehealth models to deliver online clinical care and support services. For instance, wound assessment, palliative care, follow up consultations and health literacy/education after hospital discharge are all services that can be conducted through telehealth.

Whilst we have seen a positive response, the uptake of telehealth models relies heavily on effective IT infrastructure. Patients may have poor access to internet services or devices, which can limit the effectiveness and capabilities of telehealth services. The "digital divide" is a barrier in low socio-economic and rural or remote locations that requires further attention. In some instances, telephone communication will suffice, but health professionals have expressed concerns that it limits rapport and engagement with patients. Digital healthcare requires resources to ensure that already socially disadvantaged communities have tools to access health care remotely, such as smartphones or other electronic devices and reliable internet connection. Adequate digital resources are required to prevent

further entrenchment of health inequities for populations who are already disadvantaged. We recommend the QLD Government to invest in expanding telehealth models, infrastructure, equity of access, capacity and education, to implement telehealth services as part of standard practice where appropriate.

Whilst telehealth does not replace the importance of human connectedness or the need for appropriate face-to-face appointments and clinical examinations, the value for telehealth in the right context is considerable. The QNMU recommend that the QLD Government support innovative telehealth models of care to provide access to broader community needs. For instance, disability support and mental health. This means people can receive the care they need from the comfort of their own home with enormous benefits for them.

Hospital in the Home

The pandemic has necessitated a transition to hospital avoidance models of care, to reduce surges in demand for hospital services. Hospital in the Home is a service that has been adopted in QLD to support patients, particularly in residential aged care facilities, to avoid unnecessary hospital admission or re-admission, and potential exposure to COVID-19. Nursing teams work to assess, screen for COVID-19 and provide coordinated care and planning for residential aged care residents attending Emergency Departments (EDs). The role of nurses is critical in providing communication between patients, families, aged care residential facilities and primary health services.

Metro South HHS have begun providing Acute Care at Home services, adapting the model as needs change to address health care demands. The home care model has facilitated patient flow in and out of hospital, avoiding unnecessary hospital isolation.

Virtual wards

The QNMU commends the innovative implementation of virtual wards to prepare for surges in COVID-19 cases. Several QLD health services have established virtual COVID-19 wards to manage the potential influx of people who have tested positive for COVID-19 and have symptoms than can be managed via telehealth communication.

Midwifery

The QNMU wishes to acknowledge the important role that midwives have played in supporting pregnant and birthing women during the pandemic. COVID-19 has significantly disrupted the way midwifery services are delivered. As a consequence, many great initiatives have enabled QLD midwives to continue caring for their patients, whilst minimising the health and safety risks for both health care professionals and their patients. For instance, the implementation of innovative models of care have enabled telehealth models to provide at home antenatal and postnatal consultations.

Midwifery-led continuity of care models provide positive outcomes for women and babies with minimal adverse effects (Sandall et al., 2013). Evidence also indicates that midwifery continuity of care models are cost-effective, and have been shown to improve outcomes for patients during pregnancy, birth and early life stages and improve quality-adjusted life years (QALYS) (Donnellan et al., 2018).

We have seen a significant increase in women seeking community-based maternity services and access to home birth services as an alternative to the potential risk of exposure to COVID-19 in hospitals. There is a risk that women will forego their antenatal appointments, scans and check-ups to avoid the risk of contracting COVID-19 in a hospital. The QNMU believes that women should have access to safe alternative midwifery services, particularly during this critical period. We recommend that the QLD Government invest in strategies and funding that support the delivery of midwifery-led services in communities and homes.

The QNMU believes that this disruption has provided an opportunity to change the way midwifery services are delivered. COVID-19 has highlighted the effectiveness of innovative models of midwifery-led services. We recommend that the QLD Government continue to encourage models of care research and funding, to continue to improve midwifery services and continuity of care.

There is limited evidence to indicate the effects of COVID-19 in pregnancy or for newborns. However, this is a significant stressor for pregnant and birthing women (Wu & Cea, 2020). For many, the social distancing measures have created significant challenges for women and their families, particularly during birth. The potential long-term mental health implications for women may lead to significant demand for mental health services in the future. The QNMU suggests that the QLD Government also fund midwifery-led mental health services during the pandemic.

Barriers to midwifery care: consultation

The QNMU believes that the consultation between HHSs during the COVID-19 pandemic has been hindered by a lack of collaboration with midwives and midwifery services. We believe that the midwifery voice is essential for delivering a collaborative response that has the capacity to address and escalate patient safety concerns. The QNMU advocates for greater collaboration with midwifery services across clinical and siloed services to ensure that decisions align with best practice.

The QNMU acts on behalf of our members working in midwifery roles across HHS midwifery services. During the pandemic, the QNMU has dealt with matters where significant changes have been made without consultation of midwives. For instance, the closure of a birth centre and removal of equipment without consultation. The QNMU has expressed our concerns that employees were not engaged in the decision-making process and all viable options were not appropriately considered, in accordance with the Nurses and Midwives (QLD health) Award.¹ The QNMU urges that employers should engage in appropriate, timely and genuine consultation with employees before significant changes are made. To that end, we suggest that the QLD Government's continued health response consider the need to collaborate with midwives about important decisions that impact their patients and their ability to deliver quality care.

Funding

Prior to the pandemic, the Royal Commission into Aged Care Quality and Safety highlighted the systemic quality and safety issues in aged care. COVID-19 has further exacerbated the vulnerabilities in aged care and requires additional funding measures to support increased staffing ratios and skill mix, education and training opportunities and upskilling the aged care workforce in infection control measures, both during and post-pandemic.

As previously stated, the QNMU believes that the QLD Government's health response to COVID-19 requires funding of nurse and midwifery-led models of care to improve health care delivery and continuity of care across all health services.

¹ Nurses and Midwives (Qld health) Award – state 2015 (11.2 (e) and clause 11.3

The QNMU recommends that the QLD Government's continued health response to COVID-19 include:

- Funding for innovative models of care for nurse and midwifery-led services (i.e. telehealth, hospital in the home etc).
- Funding to increase midwifery-led community care models and services;
- Increased funding to incentivise health sector partnerships as part of a health system integration strategy;
- Continued funding for access to Medicare-funded telehealth services beyond the scheduled expiry date in September 2020;
- Funding to address inequitable health outcomes for Aboriginal and Torres Strait Islander peoples (particular focus on culturally appropriate preventative health initiatives, addressing the social determinants of health and closing the health inequities gap);
- Increased funding and resources be provided to support nurses and midwives to respond to the predicted increase in mental health issues, domestic violence and poverty as a result of the pandemic.

Research

The QNMU supports a collaborative approach to research with government, health services and institutions to increase nursing and midwifery research and funding avenues. The QNMU strongly supports evidence-based health care. In order to ensure that health care and health service delivery is underpinned by evidence, we require further funding investment into research initiatives.

The QNMU advocates for greater funding for research into the efficiency of innovative models of care adopted during the COVID-19 pandemic. We believe that all innovative models should be evidence-based and continuously evaluated to ensure best practice and relevance in health care settings. For instance, we recommend that the QLD Government fund research to evaluate the efficacy and effectiveness of telehealth nurse and midwifery-led models of care. We also recommend the funding of research into the value of these models of care in improving health outcomes for rural and remote populations as well as Aboriginal and Torres Strait Islander's health. These models can be utilised for a range of preparedness and responses during and post-pandemic.

It is unclear how COVID-19 patients will recover and what the long-term health implications will be. As such, we also recommend that the QLD Government fund research that evaluates the long-term sequelae of COVID-19, as this will directly inform health care delivery.

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