

**Initial presentation**

## **Consultation Paper**

Molecular Pathology Continuous 7-day Service  
ACT Pathology

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# Welcome and Introduction



## Purpose

- This proposal seeks to enhance the preparedness and quality of Molecular Pathology services within ACT Pathology by establishing a continuous 7-day service, including weekends and public holidays.
- It opens avenues for improving existing turnaround times and test availability, prompting a thoughtful examination of the clinical services needed to bolster the ACT health system and community
- Consultation is required due to the proposed formalisation of the continuous 7-day service.
- ACT Pathology is seeking further input from staff and unions regarding this proposal, prior to any final decisions being taken.

## Background and Current Model

- Before 2020, Molecular Pathology services Monday to Friday between 08:30 and 16:51, with a weekend roster to support the winter surge, particularly for respiratory testing
- Throughout the COVID-19 pandemic from 2020 to 2022, significant reconfiguration of scientific and technical officer staffing implementation of a 7-day service became imperative to effectively handle the daily volume of SARS-CoV-2 tests
- In July 2023, the Molecular Pathology Department returned to hours of work for non-shift workers as per B17 of the Health Professional Enterprise agreement. Additionally, a winter surge roster for respiratory testing on weekends/PH was continued.

## Proposed Changes

- The proposal involves providing a 7-day service throughout the year, incorporating rostered Health Professional (HP)/Technical Officers on Saturdays, Sundays, and Public Holidays.
- The proposed working hours for the staff are intended to remain consistent on weekdays (Monday-Friday).
- In order to be able to achieve rostering of the Molecular Pathology workforce we propose to include the requirement to participate in weekend and public holiday rosters as part of the duty statement of all Technical Officers and Health Professionals to reflect this practice as part of their work.

## Why is the change happening?

Changes are occurring:

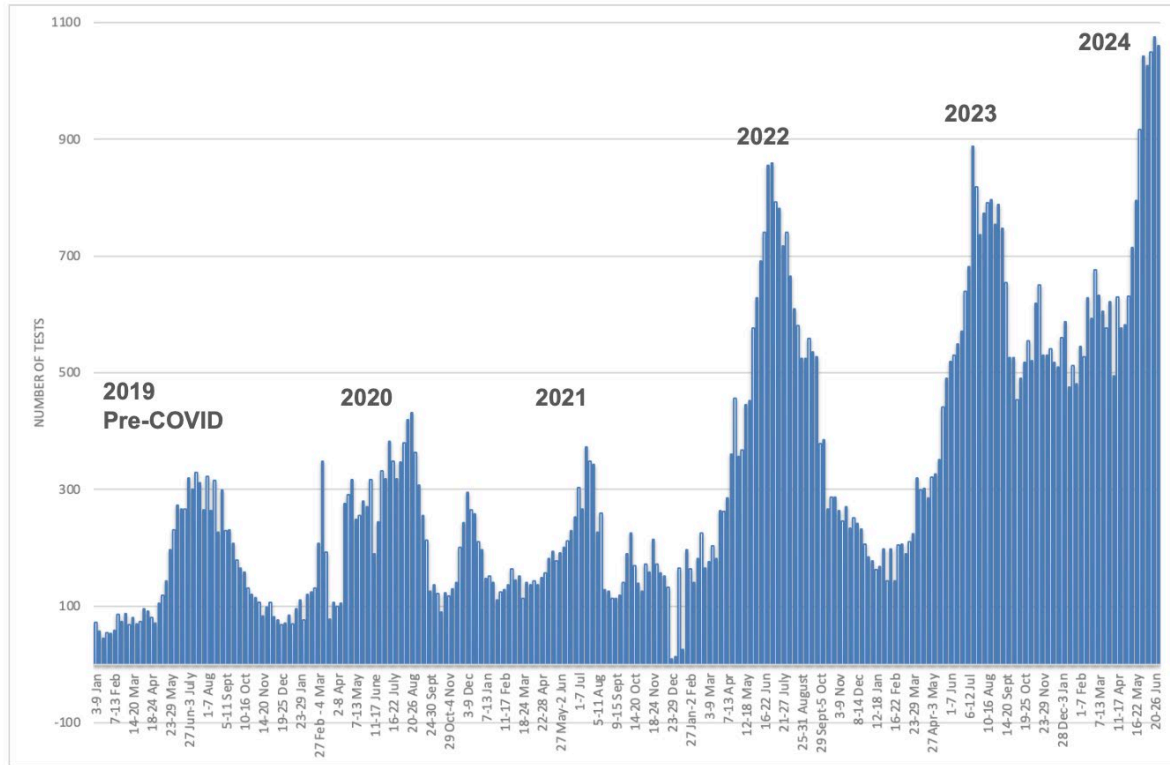
- In response to clinical and service requirements, reflecting the provision of diagnostic services adapting to the changes in contemporary medical practice and response to emerging infectious threats
- To provide certainty of rostering throughout the entire year for staff working in Molecular Pathology

## What are the service and clinical needs ?

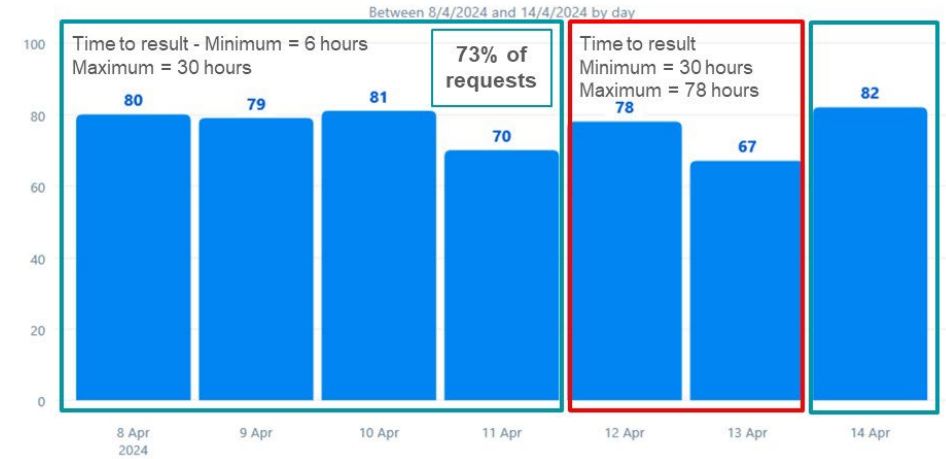
- To manage seasonal fluctuations and surges in specimen numbers as typically seen with respiratory pathogens
- To optimise the time to availability of results which are important in:
  - contributing to individual patient management
  - assisting in hospital bed management and patient flow through the emergency department and hospital wards
  - assisting with infection prevention and control and public health management
- To make available molecular testing capability for urgent and critical testing
  - uncommon pathogens with significant clinical, infection control and or public health impact, such as meningococcus; measles; monkeypox virus; herpes simplex virus and enterovirus in neonates, cytomegalovirus in highly immunocompromised
- To appropriately place Molecular Pathology services to respond to future advances in medical technology and the diagnostic requirements of Canberra Health Services as a tertiary health provider



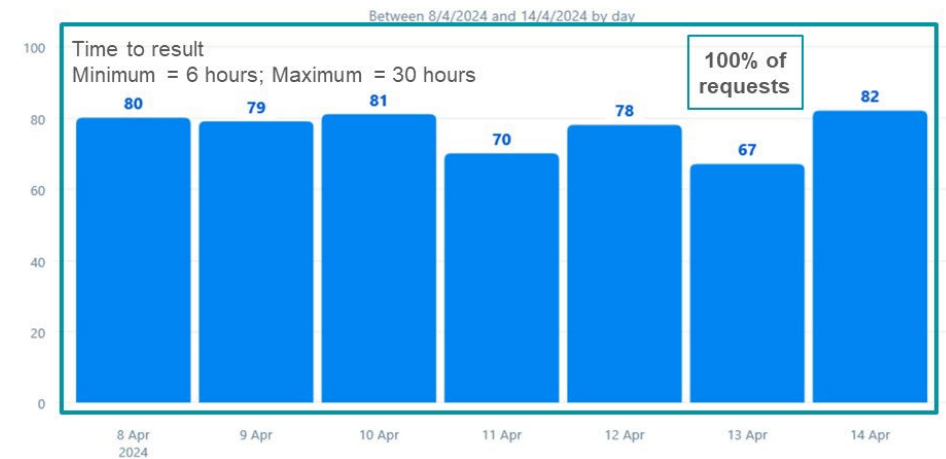
# To manage seasonal fluctuations and surges in specimen numbers as typically seen with respiratory pathogens and optimise the time to availability of results



Extended Respiratory Requests - Monday-Friday Daily Testing



Extended Respiratory Requests - Daily Testing





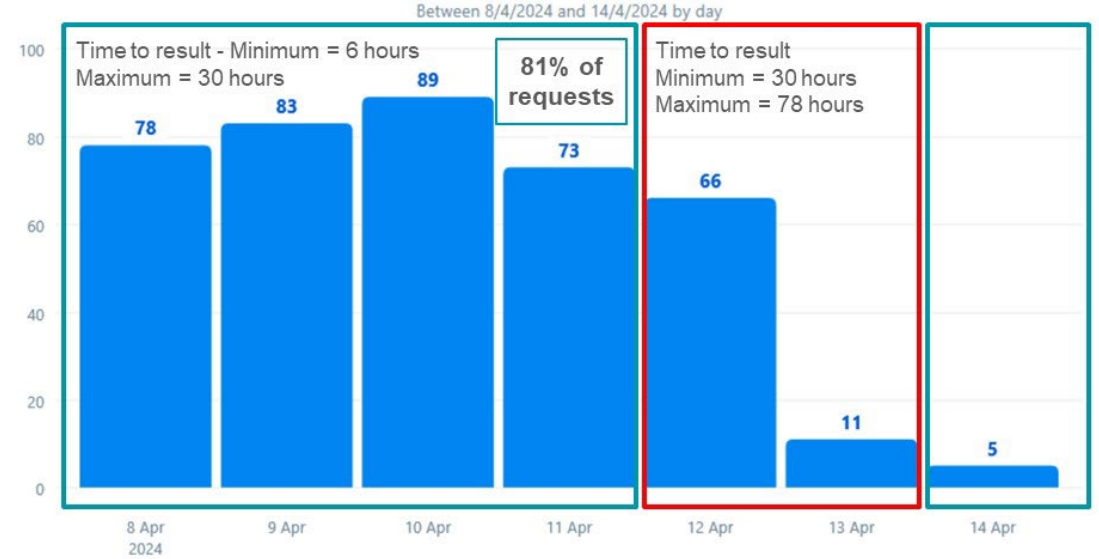
## To optimise the time to availability of results - Chlamydia and Gonorrhoeae

### Impact of Timely Results

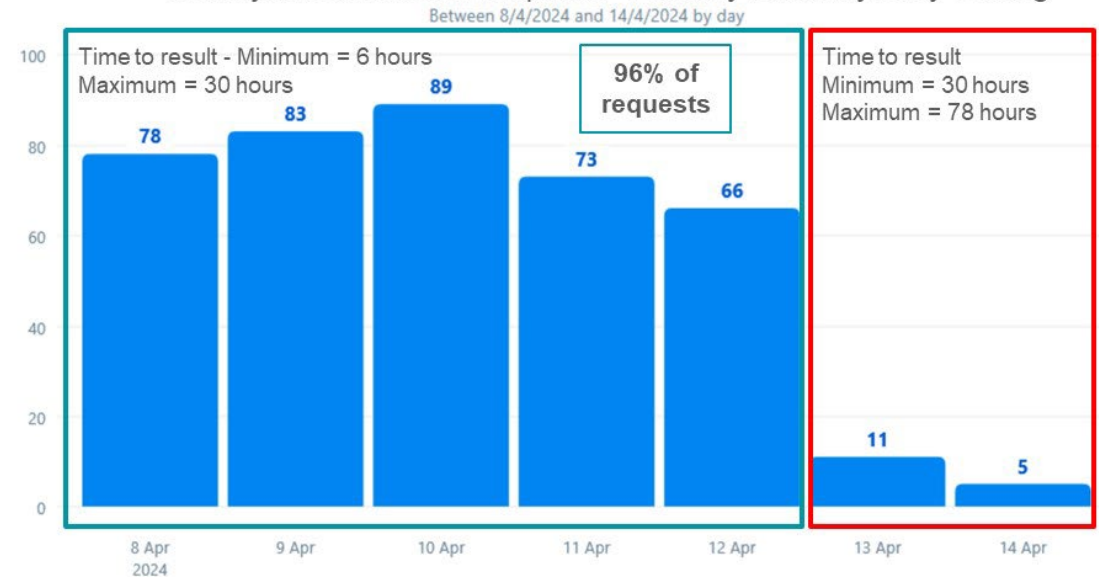
- Patient focused care
  - Identification of an infection which can be readily treated – often associated with vulnerable populations
- Clinical decision making
  - Antibiotic treatment required for all cases
  - Occasional high-risk cases, such as maternal-neonatal cases where early diagnosis and treatment is important
- Public Health Management
  - Communicable diseases – early identification and treatment reduces ongoing risk of transmission
  - Implementation of contact tracing



Chlamydia/Gonorrhoea Requests - Monday-Friday Daily Testing



Chlamydia/Gonorrhoea Requests - Tuesday-Saturday Daily Testing



## To make available molecular testing capability for urgent and critical testing

### Diverse indications for urgent testing

- Testing for sight threatening conjunctivitis, corneal ulcers, uveitis, retinitis
- CMV testing on blood and amniotic fluid in immunosuppressed patients, pregnant women, neonates
- Varicella-zoster virus testing on patients with suspected chickenpox and shingles who may benefit from early antiviral agents
- Herpes simplex testing on neonates and range of patients with genital and mucosal ulceration
- Enterovirus testing in neonates (e.g myocarditis) and children with suspected hand foot and mouth)

Day of Collection of Herpes/Adenovirus/Enterovirus

Between 8/4/2024 and 14/4/2024 by day



	<b>BENEFITS of <u>early</u> 'DETECTED' results</b>	<b>BENEFITS of <u>early</u> 'Not detected results'</b>	<b>Risks of <u>delayed results</u></b>
Patient focused care	<ul style="list-style-type: none"> <li>Confirmation of diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Reduced risk of delays in accessing care due to removal of “infectious status”</li> </ul>	<ul style="list-style-type: none"> <li>Suboptimal care may be provided</li> </ul>
Clinical decision making	<ul style="list-style-type: none"> <li>Stop unnecessary antimicrobials</li> <li>Start appropriate antimicrobials</li> <li>Avoid additional testing or procedures which may have complications</li> </ul>	<ul style="list-style-type: none"> <li>Stop unnecessary antimicrobials</li> <li>Continue other medical therapies and pursue an alternate diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Clinicians make treatment decisions based on incomplete information</li> <li>Suboptimal or potentially dangerous treatment may be provided</li> </ul>
Bed Management	<ul style="list-style-type: none"> <li>Early discharge planning; improved patient flow</li> </ul>	<ul style="list-style-type: none"> <li>Reduce demand for single room</li> <li>Patient care based on clinical need rather than infectious status</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Bed block; delayed discharges, delayed moves, poor patient flow</li> </ul>
Infection Prevention and control	<ul style="list-style-type: none"> <li>minimise healthcare infection transmission</li> <li>contact tracing and post exposure prophylaxis within health service</li> </ul>	<ul style="list-style-type: none"> <li>Remove patient from isolation</li> <li>reduce PPE use</li> </ul>	<ul style="list-style-type: none"> <li>Hospital-associated infection outbreaks</li> <li>overuse of single room resources</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>Implementation of contact tracing and post exposure prophylaxis within community; early outbreak/pandemic measures</li> </ul>	<ul style="list-style-type: none"> <li>Allow stand-down of alert resources or re-direction of deployed resources</li> </ul>	<ul style="list-style-type: none"> <li>Delay in contact tracing, outbreak containment and pandemic management; risk of harms to public</li> </ul>

## What is the business need for the change?

- The expansion of services and plans to broaden the scope of molecular pathology necessitate a transition to a 7-day service model.
- Compared to the pre-COVID era, there is clearly an increased number of specimens not only during flu season but also across the rest of the year, reflecting increased demand and testing behaviours which are unlikely to decrease in coming years. The pandemic has had permanent effects on change in clinician approaches to testing and has increased expectations of timely result availability.
- Public Hospital bed demand and pressure on Emergency Department beds is increasing. More rapid turn-around of results is required to optimise patient flow.
- The increased requirement for rapid turnaround on various pathogens with high public health significance [e.g. monkeypox], particularly concerning respiratory pathogens [e.g. avian influenza, measles], highlight the need for service provision over 7 days.
- The Molecular Pathology department plays a crucial role in pandemic preparedness, including influenza, SARS-CoV-2, Highly Pathogenic Avian influenza and other potential outbreaks, requiring readiness capabilities spanning all 7 days.

## Additional benefits of the proposed change:

- Provide consistent service to our community and the hospital
- Potential increase in the testing scope and staffing
- No change for the fortnightly working hours as the RDO is provided
- Working on Sundays will provide extra hours of annual leave
- By supporting public health efforts and pandemic readiness, staff can feel a sense of fulfillment in contributing to the broader community's well-being.
- Working across projects and broad testing scope can enhance staff expertise and open doors for career advancement within the molecular pathology field
- While demanding, a structured 7-day service model may offer more predictable schedules and better work-life balance opportunities for staff

# What Next?

	Action	Dates
1	<p>1a. Initial presentation of the proposal at meeting with the Molecular Pathology team, ACT Pathology, including time for questions and answers;</p> <p>1b. Documentation (including presentation described above) to be provided to all Molecular Pathology Staff; and</p> <p>1c. Letter and consultation document to be provided to the unions – (HSU, CPSU), and formal consultation document (this document) to be circulated to all ACT Pathology Molecular Pathology staff.</p>	10/07/2024
2	<p>Consultation period open. Feedback can be provided via email to <a href="mailto:ACTPathologyED@act.gov.au">ACTPathologyED@act.gov.au</a>. We are seeking responses to the following questions:</p> <ol style="list-style-type: none"> <li>1) Do you support updating all Molecular Pathology &amp; Health Professional &amp; Technical Officer duty statements to include the requirement to participate in weekend and public holiday rosters.</li> <li>2) Do you support the formalisation of a continuous 7-day service;</li> <li>3) Do you have any other feedback you would like to be considered in relation to the formalisation of a continuous 7-day roster?</li> </ol>	10/07/2024
3	Consultation feedback period ends	24/07/2024
4	Face to face Q&A session to address any questions within the consultation period.	18/07/2024
5	<p>Feedback collated.</p> <p>All suggestions from consultation to be reviewed and any changes incorporated into the decision paper</p>	25/07/2024 – 01/08/2024
6	Decision paper to be presented and circulated.	08/08/2024

Open discussion (Question and answers )

Thank you

