RACGP
Royal Australian College of General Practitioners

Standards for general practice residential aged care

1st edition

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Contents

Introduction to the *Standards for general practice residential aged care* (1st edition)

The Royal Australian College of General Practitioners (RACGP) has developed the *Standards for general practice residential aged care* (1st edition) to support and enhance the delivery of high-quality and safe general practitioner (GP) care to residents in residential aged care facilities (RACFs).

Development of the *Standards for general practice residential aged care*

The RACGP *Standards for general practice residential aged care* (hereafter the Standards for GPRAC) were developed to address the many challenges GPs face when delivering care in RACFs, and identify gaps between the Aged Care Quality Standards and the RACGP's *Standards for general practices* (5th edition).

The Standards for GPRAC do not seek to replace existing requirements for accreditation against the Aged Care Quality Standards as set by the Department of Health and Aged Care. They are voluntary and highlight the inextricable link between the GP and the RACF, and demonstrate how the GP and broader RACF care team are connected to RACF systems and its infrastructure.

The Standards for GPRAC focus on the clinical and systemic interface between the GP (and GP team, including other practitioners from the same practice) and RACFs. They set out essential minimum requirements for GPs in order for them to provide high-quality and safe care in this setting.

By engaging with the Standards for GPRAC for accreditation purposes, RACFs can enhance the delivery of services and the quality of care provided by GPs within their facilities. The Standards for GPRAC support and facilitate RACFs and GPs to work collaboratively to provide care that is respectful, responsive and coordinated while addressing some of the challenges facing GPs in delivering care to patients living in RACFs. This is in line with a key focus of the Royal Commission into Aged Care Quality and Safety's final report, which underlines the significance of an aged care system that promotes dignity and respect for older people who are seeking or receiving care. This means respecting the rights of older people to have equitable access to high-quality care, and the right to receive care that is free from abuse, fair and non-discriminatory and, most importantly, provides residents with autonomy and the right to make decisions about their care.

Development process

The Standards for GPRAC were developed by the RACGP with consideration to the requirements of the Aged Care Quality Standards (effective from 1 July 2019) and in consultation with GPs, RACFs, practice managers, nurses, consumers, subject matter and technical experts, and many other stakeholders.

Definition of general practice services in RACFs for the purposes of accreditation

Residential aged care facilities must meet the following criteria to be accredited against the RACGP Standards for GPRAC. The RACF must:

- provide personal care and other support services such as pharmacy, allied health, social services, specialist services or respite care to older people who are unable to live at home
- coordinate multidisciplinary care for all residents 24 hours a day, seven days per week
- be accredited against the Aged Care Quality Standards as set by Department of Health and Aged Care
- be capable of meeting the mandatory Indicators in the Standards for GPRAC.

The Standards for GPRAC do not replace existing requirements for accreditation against the Aged Care Quality Standards, as set by the Department of Health and Aged Care.

Accreditation of an RACF against the Standards for GPRAC

The RACGP envisages that the Standards for GPRAC accreditation visit would occur either concurrently with the Aged Care Quality Standards visit, or as a separate process if the RACF is already accredited.

If your RACF would like to be accredited against the Standards for GPRAC, it must be formally assessed by an accrediting agency approved under the National General Practice Accreditation Scheme, which commenced on 1 January 2017.

Surveyor teams

A surveyor team will conduct accreditation visits to assess your RACF against the Standards for GPRAC, and would comprise of at least two surveyors:

- an appropriately qualified GP surveyor
- an appropriately qualified nurse, practice manager, allied health professional or Aboriginal and Torres Strait Islander health worker/health practitioner.

At least one member of the surveyor team must have expertise in RACFs.

Surveyor teams may include a third person who has been appropriately trained in the Standards for GPRAC (eg non–health practitioner or consumer).

Numbering of Criteria and Indicators

The numbering system works as follows:

- the Standards are numbered separately (Standards 1–5)
- the Criteria for each Standard have a code indicating the setting (ie RACF), followed by sequential numbering that indicates the Standard and Criterion – for example, RACF1.1 is the first Criterion for the first Standard in the Standards for GPRAC
- each Criterion has one or more Indicators, labelled alphabetically (A, B, C, etc).

Indicators that focus on outcomes and residents

The Indicators in these Standards have, where appropriate, been written with a focus on outcomes and residents, instead of prescribed processes or what your RACF does.

By focusing on outcomes, your RACF can develop systems and processes that reflect your preferred ways of working and choose how to demonstrate that you meet the intent of each Indicator. It is important that you can provide evidence of meeting the Indicator, either through inspection or interview. Focusing on outcomes will give your RACF greater ownership of your processes and systems, making your team members more likely to follow them not only during the accreditation process but also as business as usual.

Mandatory ► and aspirational Indicators

Indicators marked with the ► symbol are mandatory, which means that your RACF must demonstrate that you meet this Indicator in order to achieve accreditation against the Standards for GPRAC.

Indicators that are not marked with the mandatory symbol are aspirational Indicators. Your RACF is encouraged to meet the aspirational Indicators, but they are not essential to achieve accreditation.

Explanatory notes

The explanatory notes for each Criterion have three sections.

- **Why this is important**
  This section explains why the Indicators are important from a quality and safety perspective.
- **Meeting this Criterion**
  This section outlines ways that your RACF can choose to demonstrate that you meet the Criterion and/or its Indicators.
- **Meeting each Indicator**
  This section contains a list of any mandatory activities your RACF must do to meet the Indicator, and/or optional ways your RACF can choose to meet the Indicator.

Use of ‘could’ and ‘must’

In the explanatory notes, the words ‘could’ and ‘must’ are used as follows:

- ‘Could’ is used to indicate that something is optional.
- ‘Must’ is used to indicate that something is mandatory.

Plain English

Plain English has been used to write these standards to create less ambiguity and reduce the amount of technical language.

Language used in these Standards

These Standards are written with terminology that reflects the varied arrangements with general practices and practitioners who engage in resident care. The term ‘RACF care team’ reflects the variety of practitioners providing care in RACFs.

Use of *'Our RACF'*

The term 'Our RACF' indicates a sense of ownership/inclusiveness for the RACF staff working in a facility. It does not reflect the proprietorship of the actual RACF.

Use of *'resident' and 'patient'*

The term 'resident' refers to a person who lives within an RACF.

The term 'patient' is used when referring to a direct consultation with a resident's GP.

Citation of federal, state or territory legislation

Legislation has been cited only where it is especially important to a particular aspect of service provision (eg in **RACF1.1►B**). Therefore, most of the relevant federal, state or territory legislation has not been cited in this document.

As federal, state, territory and local legislation overrides any non-legislative standards, including those in this document, your RACF is responsible for ensuring that you comply with relevant legislation.

If your RACF is accredited against the Standards for GPRAC, you will have met some of your legislative requirements, but this does not mean that you have automatically met all of them, as the Standards for GPRAC do not address all relevant state and territory legislation.

Evidence-based standards

The Standards for GPRAC are based on the best available evidence of how RACFs can provide safe, high-quality healthcare to their residents.

This evidence is based on two sources:

- relevant studies
- Level IV evidence (where studies are not available). Level IV evidence is also known as evidence from a panel of experts.

To ensure that this Level IV evidence is as robust as possible, the Standards for GPRAC have been tested by Australian RACFs and consumers and its development was overseen by an expert committee consisting of GPs, academic GPs, nurses, practice managers and consumer representatives.

RACGP Standards for GPRAC

RACF Standard 1

Resident care coordination

> Our RACF supports and facilitates the coordination of care for residents.

Care coordination is essential in RACFs. GPs are the primary medical care providers for residents in RACF settings who oversee residents' medical care.[1] RACF residents' multidisciplinary care is provided by a range of health professionals including nurses, nurse practitioners, allied health practitioners, pharmacists and other medical practitioners. RACF staff, including personal care assistants, are part of the internal RACF clinical team. It is essential that systems of care and collaborative arrangements are clearly defined so that residents have access to safe, timely and comprehensive high-quality care.

Criterion RACF1.1 – Access to care

Indicators

RACF1.1►A Our RACF facilitates access to GP care, including after-hours and emergency care.

RACF1.1►B When a resident loses decision-making capacity regarding medical care, our RACF coordinates residents' treatment according to advance care directives and the views of any appointed substitute decision maker, where available.

RACF1.1►C Our RACF participates in planning and updating resident care with the resident's regular GP.

RACF1.1►D Our RACF facilitates and communicates with a resident's regular GP about care services provided within the facility.

RACF1.1►E Our RACF communicates with a resident's regular GP when an external care transition has occurred.

RACF1.1►F Our residents are informed of when their GP routinely visits the facility.

Why this is important

Your RACF needs to identify resident health needs and respond in a way that facilitates appropriate access to care. Residents need to be able to see their usual GP in a timely manner.

Coordinating arrangements

Providing medical care for residents requires effective and robust systems with transparent arrangements that support GPs and other members of the RACF care team who may work in multiple RACFs. Due to the complexity of multidisciplinary care needs and multiple care providers, systems of care and collaborative arrangements need to be clearly defined and documented to ensure access to safe, timely and comprehensive high-quality care for residents.

Resident choice is important in regard to the GPs who provide their care.

Collaborative arrangements between the RACF and GPs:

- strengthen the relationship between RACF and GPs[2–5]
- ensure that residents can access appropriate care 24 hours a day
- help maintain continuity of care for residents[6,7]
- potentially prevent avoidable hospital presentations and admissions.[8,9]

GPs caring for residents in RACFs ideally need to be able to provide routine visits at mutually convenient times for general practice and nursing staff. This includes telehealth services. It is important that residents are informed if their regular GP routinely visits the facility and that access to care is arranged accordingly.

In the event that the resident's regular GP is unavailable, and/or urgent or emergency care is required, it is important that appropriate care for the resident is determined and agreed upon. Effective follow-up of abnormal and life-threatening results relies on robust and reliable systems for contact and escalation of care. A case conference with a resident's GP may be considered, when clinically appropriate, to plan and manage a resident's care in RACFs.

Advance care planning

Advance care planning is an essential process for GPs in order to understand patients' values and treatment preferences, and to provide person-centred care. Advance care planning is a critical response to the challenges that an ageing population and modern healthcare present. Importantly, it is person-centred and promotes a person's choices. Advance care planning is an iterative process and involves a number of conversations, and therefore should commence as soon as practical with the resident and the resident's substitute decision maker, where relevant. There is evidence that advance care planning improves end-of-life care, reduces the rate of hospitalisations and ambulance calls, and increases referrals to specialist palliative care services.[7,10,11]

Documentation of advance care planning conversations can inform future medical treatment decisions when the person can no longer make and/or communicate these decisions themselves. Advance care planning documentation can include letters or documents written by a health professional indicating the person's treatment preferences, and personally written letters identifying preferred care outcomes and any other wishes.

GPs develop ongoing and trusted relationships with their patients and are well positioned to initiate discussions about, and promote the use of, advance care planning. The role of GPs is pivotal in supporting their patients through the advance care planning process, involving the discussion of any problematic issues, and providing information regarding the patients' current health status, prognosis and future treatment options.[11]

Advance care directives

The advance care planning process will often lead to the completion of an advance care directive (ACD). An ACD is a document completed and signed by a person with decision-making capacity. It documents a person's values and preferences for future healthcare and comes into effect when the person no longer has decision-making capacity. A person's decision-making capacity may fluctuate and can be affected by environmental factors or other factors such as medication, illness or stress. Fluctuating decision-making capacity may mean that a person has decision-making capacity for one aspect of their personal life and limited to no decision-making capacity for another.[12]

The uptake of ACDs is low among older Australians and should be promoted. However, participating in advance care planning, including the creation of an ACD, is always voluntary. Where appropriate, health professionals should encourage the use of ACDs. ACDs are not clinical care or treatment plans, but clinical care or treatment plans can and need to be informed by ACDs. RACFs must have a process to determine whether a resident has an ACD and substitute decision maker, and to document this within the resident's electronic health record and make these documents accessible when needed. Advance care plannings and ACDs are ideally offered as soon as practical and completed upon admission to the RACF, if they have not been completed prior to admission to the RACF.

An advance care plan is created on behalf of a person with diminished or limited decision-making capacity.[12] The document also conveys an individual's beliefs, values and preferences in relation to future care decisions. Unlike ACDs, advance care plans do not meet the requirements for statutory or common law recognition due to the person's insufficient decision-making capacity or lack of formalities (such as inadequate person identification, signature and date). A statement of choices (non-competent person) is an example of an advance care plan. An ACD is preferable to an advance care plan, as it is a person-driven document and formalised under relevant state and territory legislation.

Resident dignity and choice is of particular importance in the Aged Care Quality Standards.[13]

Care transitions

There are instances when a resident may transition to another RACF or request to transfer their care to another practitioner. It is important that when this transition occurs that all relevant information is communicated to a resident's regular GP so they may follow up with the new RACF or prepare documentation to transfer to the new RACF and/or GP.

Case conferencing

You could improve your RACF's non-physical access for patients with disability or special needs by using existing or emerging technology to give patients access to telehealth or video conferencing consultations.

Meeting this Criterion

Collaborative arrangements between RACF and GPs

Collaborative arrangements between your RACF and GPs will generally include:

- methods of communication
- mutually agreed access times (both in person and via telehealth)
- protocols for referral arrangements
- information management (eg medical records, pathology and imaging results)
- after-hours and emergency care.

After-hours and emergency care

Your RACF must ensure there are processes and care procedures in place in the event that a resident requires emergency or after-hours care. This may include collaborative arrangements with your resident's regular GP or with a medical deputising/after-hours service. After-hours and emergency care arrangements must be appropriately documented in the resident's health record and clearly defined to ensure access to safe and timely care.

Facilitating access to telehealth consultations

Your RACF could facilitate resident access to telehealth by ensuring appropriate technology and devices such as a camera, microphone, computer, laptop, tablet or mobile phone with secure internet access are available and functional. It is also important that residents are informed and aware of what to expect during a telehealth consultation and that an RACF staff member is available to provide support if required. The RACGP *Guide to providing telephone and video consultations in general practice* contains guidance on how your RACF can support residents to access telehealth consultations.

Advance care planning

Advance care planning will often involve the following components:

- discussions about prognosis and possible future scenarios and a person's concerns
- appointment of substitute decision maker/s and details of the extent of their involvement in initial and subsequent ongoing documented discussions

- reaching an understanding on current and possible future preferences for healthcare; these are best supported by a statement describing the reasoning and values underpinning the choices a resident has made
- discussions of choices around preferred place of care during acute illness and in the terminal phase consistent with the person's needs, preferences, cultural practices and traditions
- documentation of these discussions in an easily retrievable format, held by the RACF, resident, their substitute decision maker/s, their family and GP, and uploaded to My Health Record.[14]

State and territory government laws governing advance care planning vary. Subject to the requirements of each jurisdiction ACDs in some form are legally binding documents in every state and territory of Australia.[15] GPs and RACFs must familiarise themselves with the guidelines and forms used in their state or territory.

Information required from each party that will be providing resident care

Formal arrangements, such as ACDs and appointment of substitute decision-maker, need to take into account the Australian Privacy Principles and the *Privacy Act 1988* (Cwlth) and any other state-specific legislation.

Meeting each Indicator

RACF1.1►A Our RACF facilitates access to GP care, including for after-hours and emergency care.

You must:

- have a collaborative arrangement with all GPs providing care to residents in your RACF, including arrangements for after-hours and emergency care
- collaborate with each resident's regular GP to implement arrangements to ensure residents can access appropriate medical care 24 hours a day, seven days per week
- implement arrangements to ensure RACF residents can access appropriate medical care 24 hours a day, seven days per week
- if your RACF facilitates telehealth consultations, provide your residents with information on what to expect during a telehealth appointment.

You could:

- establish pre-arranged routine visits with GPs during reasonable hours (usually between the hours of 8 am and 8 pm)
- create and complete an agreed care and communication template for use by GPs and your RACF with regard to your residents' care
- provide a floor map of your RACF to GPs
- provide access codes to building, nursing stations and dementia wings, where appropriate
  - ensure car parking is available for visiting GPs
  - establish a back-up plan for when communication failure occurs during a telehealth appointment (eg an alternative mode of communication if a telehealth appointment does not connect)
  - develop a policy for how communication impairment is managed for a telehealth consultation.

RACF1.1►B When a resident loses decision-making capacity regarding medical care, our RACF coordinates residents' treatment according to advance care directives and the views of any appointed substitute decision maker, where available.

You must:

- determine whether each resident has an ACD and an appointed substitute decision maker
- record whether an ACD is in place and if a substitute decision maker has been appointed, and communicate this with the resident's usual GP/general practice
- ensure your RACF care team is aware of the resident's ACD
- coordinate and perform medical treatments in accordance with the resident's ACD, where relevant.

You could:

- following resident consent, upload advance care planning information (including the ACD indicating the person's preferences and values, and documents appointing a substitute decision maker) to a resident's My Health Record
- document the custodian of the resident's advance care plan/directive in the resident's health record
- clearly document whether a resident and/or substitute decision maker has refused to upload the advance care directive in the resident's My Health Record.

RACF1.1►C Our RACF participates in planning and updating resident care with the resident's regular GP.

You must:

- keep an up-to-date multidisciplinary care plan for each resident
- document different clinical circumstances in collaborative arrangements with the RACFs and GPs when the resident's health changes.

You could:

- seek to establish a collaborative arrangement between the GP and your RACF
- where relevant, document receipt of discharge summaries and specialist reports in the resident's health record
- document resident's appointments in the resident's health record (eg specialist or outpatient clinic appointments)
- have an electronic health record system for all residents that GPs and all members of the RACF care team can access.

RACF1.1►D Our RACF facilitates and communicates with a resident's regular GP about care services provided within the facility.

You must:

- provide evidence of structured care arrangements between your RACF and other care services.

You could:

- seek to establish a collaborative arrangement between the RACF and other services, including the GP
- have a structured triage process.

RACF1.1►E Our RACF communicates with a resident's regular GP when an external care transition has occurred.

You must:

- communicate with a resident's regular GP if an external care transition is requested or takes place in a timely manner.

You could:

- document requests from residents to change GP
- communicate with the regular GP regarding the resident's request to change GPs
- develop a process regarding a resident's request to transfer their care to another GP
- have a process for a resident's transfer to external care providers
- request the regular GP provide a comprehensive health summary of the resident's care to date upon, or leading up to, transfer.

RACF1.1►F Our residents are informed of when their GP routinely visits the facility.

You must:

- inform residents and/or their guardian/s, substitute decision maker/s and/or carer/s when their regular GP routinely visits the facility.

You could:

- document the time frame in which each resident's GP will be visiting the facility (eg day of the week, morning or afternoon)
- make sure residents are available when their regular GP is attending the facility.

Criterion RACF1.2 – Responsive system for resident care

Indicators

RACF1.2►A Our RACF has a system in place to support GPs when communicating with residents' guardians, substitute decision makers and carers.

RACF1.2►B Our RACF has a triage system with our residents' regular GPs.

RACF1.2►C Our RACF includes a resident's regular GP in patient safety incident reviews.

RACF1.2►D Our RACF has an infectious disease outbreak management plan.

Why this is important

Coordinating care for residents is a necessary function in RACFs, due to each resident's individual requirements (ie physical, psychological, financial). Some residents may need more assistance than others. Having an arrangement such as a care plan for each resident addresses their immediate and long-term needs and the goals of their care, and identifies coordination requirements. Access to up-to-date care plans enables GPs and/or the GP team to make appropriate clinical decisions based on the resident's and/or the resident's guardian, substitute decision maker and/or carer wishes. Timely RACF staff communication to a resident's RACF care team and/or a resident's guardian/s, substitute decision maker/s and/or carer/s regarding health changes is highly important.[16]

Primary care for residents in RACF includes management of chronic diseases, geriatric syndromes, acute episodic care, rehabilitation, preventive care, and palliative (including end-of-life) care.[17] Your RACF needs to be able to identify each resident's needs and provide care accordingly. To identify residents' needs, triage needs to be performed by suitably qualified staff, such as registered nurses or other staff in the care team using appropriate triage protocols.

Patient safety incident reviews help to identify ways to prevent, reduce or mitigate future harm to residents from potentially avoidable incidents. Including a resident's regular GP is highly desirable as they are able to provide unique clinical perspectives and will share the responsibility for implementing recommended actions (eg changes to medicines).

Standard 8 of the Aged Care Quality Standards focuses on organisational governance. It is important for RACFs to consider the importance of GPs in the clinical governance of their facility and involve them in high-quality care discussions.

Meeting this Criterion

RACF care plans

All RACFs are required to assess and plan their residents' needs, goals and preferences in a care plan that is readily available to the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s, facility staff and their regular GP. When new referrals occur, it is important that individual care plans include a contribution from a resident's regular GP. GPs review care plans intermittently, but it is important that they are advised of any changes to a resident's care plan.

Holding a case conference between a resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s, RACF staff and the resident's regular GP to develop a care plan upon a resident's admission to an RACF is an effective way to ensure care plans are implemented.

Triage

Your RACF needs to have a triage protocol to follow so RACF staff responsible for triage can determine the resident's needs and communicate with their regular GP appropriately. Communication with a resident's regular GP needs to be clearly arranged according to the urgency of the situation and in line with a resident's ACD (refer to Criterion RACF1.1 – Access to care).

Triage is undertaken by clinical staff who:

- understand how emergency conditions are defined
- follow a process to identify residents who need urgent medical attention.

Your RACF's triage process could include:

- a triage flowchart so that staff can quickly and appropriately manage emergencies
- questions that trained staff know to ask residents about their condition, including their symptoms, duration of condition, severity, pain level and self-management
- appropriate triage of residents based on:
  - urgency of attention
  - non-urgent or routine general practice matters only requiring a visit from the resident's regular GP during normal business hours.

Preventing cross-infection through triage

Effective telephone triage can identify the risk of infection before a GP visits your RACF. For example, it is important that suspected infectious disease outbreaks (eg gastroenteritis, influenza, respiratory illness) are communicated to GPs early so that early diagnosis and prevention can be established in your RACF.[18] Notifying a resident's GP enables RACFs to coordinate specimen collections and confirm cases early with the GP.

The following transmission- and/or aerosol-based precautions need to be followed to minimise exposure of other residents and staff to highly transmissible infections (eg influenza, COVID-19):

- implement effective triage and appointment scheduling
- use personal protective equipment such as masks
- implement distancing techniques such as spacing residents in common areas in line with relevant health authority guidance
- place appropriate material (eg posters or digital displays) at the facility requesting that residents and/or their guardian/s, substitute decision maker/s and/or carer/s notify RACF staff if they have certain symptoms or conditions
- isolate the infected resident
- strictly adhere to hand hygiene measures
- adhere to cough etiquette.

Infectious disease outbreak management plan

An infectious disease outbreak is the occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a particular period of time.

To ensure that the safety and wellbeing of residents and RACF staff are protected, your RACF must have an infectious disease outbreak management plan. An infectious disease outbreak management plan will improve preparedness of your RACF in the event of an outbreak and may reduce the degree and severity of the outbreak. It is essential that your infectious disease outbreak management plan is regularly reviewed and tested. You could involve GPs and other health professionals in the development of your RACF's infectious disease outbreak management plan.

Meeting each Indicator

RACF1.2►A Our RACF has a system in place to support GPs when communicating with residents' guardians, substitute decision makers and carers.

You must:

- keep individual care plans for each resident that includes a contribution from a resident's regular GP, where relevant
- have the care plan available for the GP, the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s, and other members of the RACF care team.

You could:

- provide evidence that the individual care plan has been reviewed and updated at required intervals
- provide evidence in the resident's health record and/or individual care plan of discussions between the GP and the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s relating to the development of goals and progress towards goals.

RACF1.2►B Our RACF has a triage system with our residents' regular GPs.

You must:

- demonstrate there is a triage system with your residents' regular GPs.

You could:

- provide evidence that triage guidelines are available
- provide the RACF staff with a triage flowchart
- establish a protocol with a resident's regular GP for their triage
- establish a system to advise residents and/or their guardian/s, substitute decision maker/s and/or carer/s of the approximate wait time for medical treatment.

RACF1.2►C Our RACF includes a resident's regular GP in patient safety incident reviews.

You must:

- demonstrate that a resident's regular GP has been included in relevant patient safety incident reviews
- notify other relevant health professionals about patient safety incidents.

You could:

- hold a case conference with a resident's regular GP to discuss the patient safety incident review
- document a resident's regular GP involvement in the patient safety incident review.

RACF1.2►D Our RACF has an infectious disease outbreak management plan**.**

You must:

- demonstrate that your infectious disease outbreak management plan is communicated with your residents' GPs
- develop a process for notifying your residents' regular GPs in the event of an infectious disease outbreak
- engage with your residents' regular GPs to identify how care can continue to be delivered during an infectious disease outbreak.

You could:

- involve your GPs and other health professionals in the development of your infectious disease outbreak management plan.

Criterion RACF1.3 – Continuity of care

Indicators

RACF1.3►A Our RACF staff and care team are aware of each resident's regular GP.

RACF1.3►B Our residents can see their regular GP.

Why this is important

Continuity of care is the process by which a resident and a regular healthcare provider (ie their GP) have an ongoing healthcare relationship. Continuity of care is important for providing high-quality and effective care, and having a preferred or regular GP helps promote a consistent relationship in line with the resident's needs.[19]

Having a regular GP ensures residents are provided continuous, comprehensive care and helps build a trusting doctor–patient relationship. Continuity of care can also help build the therapeutic relationship between the GP and their patient, which in turn increases resident satisfaction, adherence to treatment, and improves participation in preventive care.[19]

Having a regular GP has been linked with fewer hospital presentations and admissions and a lower risk of mortality, particularly among vulnerable populations or people with higher burdens of chronic disease (eg older people).[20]

RACFs must take steps to ensure residents can access their regular GP (refer to Criterion RACF1.1 – Access to care). RACF staff need to be aware who each resident's regular GP is, and this information must be recorded and easily accessible.

Meeting this Criterion

Preferred general practitioners

All residents need to nominate their regular GP and could also nominate a secondary GP who they would choose to see if their regular practitioner is not available. The name of the regular GP and the secondary GP must be recorded in the resident health record and be available to all staff members of the RACF and RACF care team. All RACF staff and members of the RACF care team need to be aware of each resident's regular GP.

All tests and investigation results must be sent to the resident's regular GP and copies retained in the resident's health record. All documentation sent from external members of the RACF care team to the RACF must also be forwarded to the resident's regular GP.

It is important that RACFs enable residents to see their regular GP.

If a resident sees a GP other than their regular GP, the reason for this must be recorded in the resident's health record. An event summary describing significant events from the consultation must also be provided to the resident's regular GP.

Nominating a secondary GP may not always be an option available in regional, rural and remote areas due to workforce access. Because your RACF plays a key role in supporting continuity of care, you need to establish strong methods of communication and information exchange between your RACF and the resident's regular GP.

Meeting each Indicator

RACF1.3►A Our RACF staff and care team are aware of each resident's regular GP.

You must:

- document the name and contact details of each resident's regular GP in the resident health record.

You could:

- document the name and contact details of each resident's secondary GP in the resident health record, if relevant
- demonstrate that residents consistently see their regular GP.

RACF1.3►B Our residents can see their regular GP.

You must:

- demonstrate a process for facilitating residents to see their regular GP
- provide evidence that residents consistently see the same GP whenever possible.

You could:

- record why a resident has seen a GP other than their regular GP
- notify residents and/or their guardian/s, substitute decision maker/s and/or carer/s when their regular GP is on leave.

Criterion RACF1.4 – Supporting coordinated care

Indicators

RACF1.4►A Our RACF provides GPs and members of the RACF care team with current resident health information during clinical handover.

At a minimum, for each resident this information contains:

- reason for GP or RACF care team visit
- health summary
- medication chart
- observation notes
- allergies
- up-to-date care plan and advance care planning documents, where appropriate.

RACF1.4►B Our RACF staff manage the coordination of resident care within the RACF.

RACF1.4►C Our RACF staff manage the handover of resident care to external care providers.

RACF1.4►D Our RACF ensures that a resident's regular GP can access a clinical team member familiar with the resident's condition.

RACF1.4►E Our RACF informs a resident's GP of the multidisciplinary providers/services that are contracted to the facility.

RACF1.4F Our RACF staff ask residents and/or their guardian/s, substitute decision maker/s and/or carer/s about self-referrals and requests reports from the RACF care team.

RACF1.4G Our RACF tracks referrals for residents until the consultant's or specialist's report is received and shared with the GP.

Why this is important

Care coordination between the RACF, primary care and acute health services influences the quality of care in an RACF. Communication and information sharing between services is vital to providing high-quality care to residents (refer to Criterion RACF3.1 – Health record systems).[16]

Clinical handover is a core component that supports care coordination. Access to current health information and qualified RACF staff involved in the day-to-day care of residents is critical to a good clinical handover.

Clinical handover of resident care to other RACF staff members, the RACF care team and to external care providers occurs frequently. Lack of, or inadequate, transfer of care is a major risk to resident safety. It can result in serious adverse patient outcomes, including:

- unnecessary hospitalisations
- delayed treatment
- delayed follow-up of significant test results
- unnecessary repeating of tests
- medication errors.

It can also result in potential legal action.

All members of the clinical team must (within the boundaries of their knowledge, skills and competence) comply with the professional and ethical obligations required by law, their relevant professional organisation and the RACF. Information about relevant codes of conduct is available at the Australian Health Practitioner Regulation Agency.

Meeting this Criterion

Clinical handover needs to occur whenever there is a transfer of a resident's care from one provider to another. For example, when:

- RACF staff are handing over care to another health professional, such as a GP, nurse, physiotherapist or psychologist
- the resident has a referral to a service outside the RACF
- there is a shared-care arrangement (eg a team is caring for a resident with mental health, cancer or palliative care needs)
- there is an emergency, such as transfer to hospital or attendance by ambulance staff
- the resident makes a request (eg to upload their health summary to My Health Record).

It is important during clinical handover that:

- an RACF clinical team member who is familiar with the condition and care needs of a resident is available when that resident receives care from their regular GP or GP team member visiting that resident
- an RACF clinical team member discusses with the RACF care team the diagnosis and management order proposed by a resident's regular GP during their visit
- appropriate supporting documentation such as advance care planning documents and medications are available.

Whenever clinical handovers occur due to the absence of a resident's regular GP, it is good practice to:

- inform the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s who will take over their care
- pass on information about the resident's goals and preferences to the visiting practitioner
- support residents and/or their guardian/s, substitute decision maker/s, and/or carer/s and other relevant parties who will be involved in the clinical handover, according to the wishes of the resident.

Clinical handovers can be completed face to face, over the phone or by passing on written information (eg in hard copy or via secure message delivery).

You could consider having a policy to ensure that standard processes are followed during a handover. The policy could include how to:

- use the progress notes in the resident's health record during a clinical handover
- have a secure clinical handover when sharing electronic health records (eg using healthcare identifiers that uniquely identify the individual resident)
- give and receive information relating to after-hours services, hospital discharges and care provided by other healthcare professionals such as specialists
- record the clinical handover in the consultation notes
- report patient safety incidents and failures in a clinical handover

- use a buddy system that enables a buddy to follow up results and correspondence and continue the care of the resident when a colleague is absent.

Coordinating care with other services

Relevant staff in your RACF must demonstrate awareness of the local healthcare providers and services that support residents. These may be providers within or outside of your RACF. Similarly, it is important that each resident's regular GP is made aware if that resident has been seen by one of these providers or services when they visit them in the RACF. Interim medication chart changes need to be honoured until the regular GP can review such changes.

A process needs to be put into place for the communication and transfer of advance care planning documents from your RACF to external healthcare providers to ensure such documents are available at the point of care, where appropriate.

Tracking referrals

The RACF staff and care team need to track referrals from the time that they are requested until a report is available. If a report has not been received within the expected time frame, your RACF needs to flag that the report has not been received. The flag may be an icon that automatically appears in the electronic health record system or a manual tracking system. Your RACF could have a process to ensure that follow-up occurs to obtain the report.

Your RACF could use a log to track referrals. A tracking log could include the date on which a referral was initiated, the date when you expect to receive the report, and the date on which you receive the report. If your RACF does not receive a report, you must contact the relevant practitioner's office and document your efforts to obtain the report.

Self-referrals

Residents may see allied health providers, specialists or other health professionals without a referral from their regular GP (eg ongoing referral from a previous GP). These other health providers may not be aware of the resident's regular GP in your RACF.

Upon admission to your RACF, staff could ask residents if they have seen a specialist, allied health provider or other health professional outside their RACF care team. If the resident is seeing another health professional, the RACF could request a report from that health professional. This request and report must be included in the resident's health record and a copy forwarded to the GP.

Australian National Aged Care Classification

Clinical evaluations performed as part of the Australian National Aged Care Classification (AN-ACC) conducted on admission to an RACF provide important information for a resident's regular GP. Including a copy of these clinical evaluations within resident health record is therefore important to ongoing resident care.

Meeting each Indicator

RACF1.4►A Our RACF provides GPs and members of the RACF care team with current resident health information during clinical handover.

At a minimum, this information contains for each resident:

- reason for GP or RACF care team visit
- health summary
- medication chart

- observation notes
- allergies
- up-to-date care plan and advance care planning documents, where appropriate.

You must:

- notify the resident's regular GP of any urgent changes or transfers (eg death, hospital admission, discharge or transfer to palliative care)
- develop a care plan for the resident, in a timely manner, including contribution from the resident's GP, where relevant
- ensure the resident's regular GP can access a copy of the resident's care plan.

You could:

- ensure that the AN-ACC assessments conducted at admission are included in residents' health records
- work towards installing and maintaining an IT system at the RACF that enables regular RACF care team providers to access relevant medical information externally
- use secure messaging to communicate with RACF care team members
- use software, such as resident information and management systems, that enables you to upload a resident's shared health summary/record or event summary to the resident's My Health Record when the resident requests it.

RACF1.4►B Our RACF staff manage the coordination of resident care within the RACF.

You must:

- demonstrate an internal handover policy ensuring coordination of resident care.

You could:

- document referrals for attending allied health services, other practitioners, specialists and ambulance staff in the resident's health record
- designate a clinical team member to manage patient information
- conduct face-to-face handovers
- provide a list detailing appropriate contacts at the RACF for clinical handover
- keep records of any breakdowns in the clinical handover system that were identified and addressed
- have a policy explaining how to conduct handovers with locum practitioners
- create, document and use a buddy system.

RACF1.4►C Our RACF staff manage the handover of resident care to external care providers.

You must:

- document referrals to allied health services, other practitioners, specialists and ambulance staff in the resident's health record
- have a process for handover of care with external care providers.

You could:

- keep a copy of referrals to allied health services, other practitioners, specialists and ambulance staff in the resident's health record

- conduct handovers (eg face-to-face, telehealth, phone, secure message delivery or written)
- provide appropriate documentation, including a resident's advance care planning documents and medications, when a transfer of care takes place
- arrange appropriate document transfer from the resident's regular GP, and provide a list detailing appropriate contacts at the RACF for clinical handover
- keep records of any breakdowns in the clinical handover system that were identified and addressed
- have a policy explaining how to conduct external handovers, including to locum practitioners
- have a standard form to be used for ambulance transfers
- create, document and use a buddy system
- have signed agreements with local hospitals, if relevant.

RACF1.4►D Our RACF ensures that a resident's regular GP can access a clinical team member familiar with the resident's condition.

You must:

- arrange for a nurse or member of the RACF staff who is familiar with a resident's condition and care needs to be available when the resident's regular GP visits
- ensure an RACF nurse is available to discuss diagnosis and management with the resident's regular GP.

You could:

- arrange for two nurses to be available for off-site communication of medication changes, as required
- provide a list to the resident's regular GP detailing appropriate contacts at the RACF for clinical handover for in-hours and after-hours
- have in place a procedure for the RACF nurse or other appropriate RACF staff to identify their role or position when they first contact the GP.

RACF1.4►E Our RACF informs a resident's GP of the multidisciplinary providers/services that are contracted to the facility.

You must:

- demonstrate awareness of the local healthcare providers and services that support residents
- inform a resident's GP if a resident has seen a multidisciplinary provider/service.

You could:

- have a register of multidisciplinary services (eg allied health), pharmacist providing supply and pharmacist contracted to provide medication reviews that visit the RACF
- coordinate multidisciplinary care team meetings between a resident's regular GP and other health providers/services.

RACF1.4F Our RACF staff ask residents and/or their guardian/s, substitute decision maker/s and/or carer/s about self-referrals and requests reports from the RACF care team.

You could:

- document conversations about any resident self-referrals in the resident's health record
- include in their health record relevant reports from health professionals to whom the resident has self-referred.

RACF1.4G Our RACF tracks referrals for residents until the consultant's or specialist's report is received and shared with the GP.

You could:

- document a procedure for tracking referrals
- document conversations about referral reports in the resident's health record
- include received specialist reports in the resident health record
- develop a tracking log showing data collected in the tracking system.

Criterion RACF1.5 – Follow-up systems

Indicators

RACF1.5►A Our RACF staff document and communicate each resident's care in a timely manner to their regular GP.

RACF1.5►B Our RACF staff communicate with a resident's regular GP about changes related to the care of the resident.

RACF1.5►C Our RACF staff provide timely information to a resident's regular GP when the resident has been hospitalised.

RACF1.5►D Our RACF staff provide timely information to a resident's regular GP when the death of a resident occurs.

RACF1.5►E Our RACF staff ensure that any discharge summaries received are provided to the resident's regular GP.

Why this is important

Timely communication of changes in a resident's health to the GP, GP team and RACF care team is important to reduce the likelihood of patient safety incidents.[21] These changes in the patient's health may include physical or psychological changes. Arrangements around two-way communication and the handover of clinical details between the RACF care team and a resident's regular GP are critical to help ensure high-quality patient outcomes and decrease disputes.

When a resident has been admitted to hospital or visited the emergency department, obtaining relevant discharge information is necessary to ensure ongoing resident safety and to help prevent additional hospital admissions.[22] When an RACF receives a discharge summary, it is necessary to check that the resident's regular GP has also received a copy.

In the event that the RACF receives urgent pathology and imaging results or reports, it is important to notify a resident's GP or member of the RACF care team. Clinically significant results need to be followed up quickly and appropriately by a resident's GP or member of the RACF care team. This reduces the likelihood of an adverse patient outcome.

Meeting this Criterion

It is critical for RACF staff to monitor changes in each resident's health, and for these changes to be reported to the resident's regular GP in a timely manner.

After a GP has advised a treatment plan or other required action, and the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s have understood this advice, it is the decision of the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s whether to follow the GP's recommendations.

Follow up post–hospital admission

Your RACF could include in the resident agreement[23] (completed by the resident upon acceptance into the RACF) that the RACF staff will notify the resident's regular GP of any hospital visits or admissions as soon as practical.

Your RACF could consider contacting a resident's guardian/s, substitute decision maker/s and/or carer/s to inform them of appropriate follow-up care after a hospital admission or emergency department visit.

Meeting each Indicator

RACF1.5►A Our RACF staff document and communicate each resident's care in a timely manner to their regular GP.

You must:

- notify the resident's regular GP about urgent pathology or imaging results/reports received by the RACF
- notify the resident's regular GP about any investigations initiated by other health professionals and document this communication in the resident's health record.

You could:

- develop a protocol for the identification and management of urgent pathology and imaging results/reports with the RACF care team
- document a staff member's role in the recall process in their position description.

RACF1.5►B Our RACF staff communicate with a resident's regular GP about changes related to the care of the resident.

You must:

- notify the resident's regular GP of any acute changes in a resident's condition
- notify the GP of impending transfer to another level of care (taking into account any specific requests from a resident's regular GP).

You could:

- establish preferred methods of communication between the resident's regular GP and other health professionals.

RACF1.5►C Our RACF staff provide timely information to a resident's regular GP when the resident has been hospitalised.

You must:

- as soon as possible, notify the GP of any emergency transfers to hospital facilities.

You could:

- establish a formal process for notification of emergency transfers to hospital.

RACF1.5►D Our RACF staff provide timely information to a resident's regular GP when the death of a resident occurs.

You must:

- in a timely manner, notify the GP of a resident's death.

You could:

- establish a formal process for notification of a resident death in your RACF.

RACF1.5►E Our RACF staff ensure that any discharge summaries received are provided to the resident's regular GP.

You must:

- notify the resident's regular GP that a discharge summary has been received by your RACF
- have a follow-up process for residents who have had a hospital encounter.

You could:

- demonstrate that follow-up appointments with a resident's regular GP are documented in the resident health record following hospital discharge
- establish a formal process for receiving information from local or identified hospitals
- demonstrate that changes to care plans in response to unplanned hospitalisations are documented in resident health records.

RACF Standard 2

Infrastructure, equipment, consultation spaces and treatment room

> Our RACF has appropriate infrastructure, consultation space/s, treatment room/s and equipment to support the provision of high-quality and comprehensive general practice services to residents.

RACFs must:

- provide a safe and appropriate environment for the delivery of general practice services
- ensure that GPs have access to the medical equipment they need to provide comprehensive primary care to residents.

A dedicated, safe and private environment such as a consultation room protects residents and supports the delivery of high-quality care.

Having a dedicated treatment room available in your RACF could improve resident access to care. Treatment rooms enable RACFs to offer a large variety of services for simple procedures.

Not all RACFs have space for a consultation and treatment room. Having both provides opportunities to improve resident access to care for simple procedures and avoids multiple care transitions outside the RACF.

Criterion RACF2.1 – Appropriate consultation space and treatment room

Indicators

For RACFs that meet Indicator **2.1►A**, all flagged indicators apply to the consultation space.

For RACFs that meet both Indicator **2.1►A** and Indicator **2.1B**, all flagged Indicators apply to both clinical care spaces (consultation space and treatment room).

RACF2.1►A Our RACF ensures an appropriate consultation space is available for GP or RACF care team/resident consultations.

RACF2.1B Our RACF ensures a treatment room is available for the GP or RACF care team.

RACF2.1►C Our RACF ensures resident privacy and confidentiality during consultations.

RACF2.1►D Our RACF clinical care space/s have accessible toilets.

RACF2.1►E Our RACF clinical care space/s have accessible hand-cleaning facilities.

RACF2.1►F Our RACF clinical care space/s are visibly clean.

Why this is important

You must consider how the RACF operates when meeting the Indicators in this Criterion. For example, RACFs that have a physical consultation space and/or treatment room/s for GPs or members of the RACF care team will have different infrastructure and equipment to those RACFs that only receive visit-based care. However, RACFs must ensure that a dedicated consultation space is available for GPs or members of the RACF care team.

Resident care may be compromised if the RACF does not have an appropriate consultation space. You need to provide GPs and members of the RACF care team with a dedicated, safe and private environment in order to protect residents and support the delivery of high-quality care.

Having a dedicated treatment room available in your RACF could improve resident access to care and avoid unnecessary care transitions and hospitalisations. Treatment rooms make possible a large variety of services including bloods tests, dressings, minor procedural operations, management of injuries and immunisations. Many residents in RACF could therefore avoid multiple care transitions outside the RACF for simple procedures.

While not all RACFs are able to have space for a consultation room and treatment room, access to both has the potential to reduce multiple care transitions outside the RACF. Your RACF could consider the inclusion of these spaces in the event of any renovations, building refits or refurbishment.

Meeting this Criterion

Design and layout of physical facilities

Your RACF's consultation space and treatment room must:

- be fit for purpose
- satisfy requirements relating to privacy, security, design and layout
- have sufficient lighting
- have access to facilities such as toilets, including for residents with disability
- be kept at a comfortable temperature.

Protecting residents' privacy and dignity

Your RACF must take reasonable efforts to protect a resident's privacy during a consultation and consider particular circumstances in which resident confidentiality may be compromised when providing care in an RACF environment.

Patient privacy is as relevant in RACF settings as it is within other primary healthcare/general practice settings. Always use appropriate visual and auditory privacy to protect the resident's dignity.

Visual privacy means the resident can undress in private, be covered as much as possible during a consultation/examination, and that other people cannot see them during the consultation. This can be achieved by providing an adequate curtain or screen.

Auditory privacy means that other people cannot overhear a consultation. This can be achieved by:

- having solid doors (instead of doors with paper cores)
- using draught-proofing tape around door frames and a draught-excluder at the base of doors
- playing appropriate background music to mask conversations.

Location of toilets and hand-cleaning facilities

Toilets need to be easily accessible from the consultation space and treatment room, be well lit and sign posted.

Washbasins need to be in or close to the toilets to minimise the possible spread of infection. Staff and residents need to be able to access them easily.

Your RACF must ensure effective hand cleaning can occur during any consultation. The RACGP *Infection prevention and control guidelines for general practices and other office-based and community-based practices* documents various ways to perform hand hygiene. These methods include soap and water and alcohol-based hand rubs.

Environmental cleaning

Your RACF must appoint at least one member of staff who has the primary responsibility for ensuring that your consultation space and treatment room has appropriate cleaning processes.

If your RACF engages commercial cleaners for environmental cleaning, create a written contract that outlines a cleaning schedule, suitable cleaning products to be used and areas to be cleaned, and have the cleaners sign this contract. You could also consider having the cleaners record their work in a cleaning log that is specific to the consultation space and/or treatment room.

Meeting each Indicator

RACF2.1►A Our RACF ensures an appropriate consultation space is available for GP or RACF care team/ resident consultations.

You must:

- demonstrate that resident consultations take place in an appropriate consultation space.

You could:

- facilitate timely GP access to a secure RACF consultation space when required.

RACF2.1B Our RACF ensures a treatment room is available for the GP or RACF care team.

You could:

- demonstrate that minor operational procedures take place in an appropriate treatment room
- facilitate timely GP access to a secure RACF treatment room when required.

RACF2.1►C Our RACF ensures resident privacy and confidentiality during consultations.

You must:

- demonstrate that residents have privacy and confidentiality during a consultation.

You could:

- make resident privacy screens available
- maintain a policy on resident privacy in the consultation and treatment room space
- create consultation and treatment room spaces that have auditory and visual privacy
- demonstrate a process for maintaining confidentiality and privacy during consultations.

RACF2.1►D Our RACF clinical care space/s have accessible toilets.

You must:

- demonstrate how residents can access toilet facilities when required during a consultation.

You could:

- have appropriate signs to show the location of toilets.

RACF2.1►E Our RACF clinical care space/s have accessible hand-cleaning facilities.

You must:

- provide access to effective hand-cleaning facilities in your RACF consultation spaces and treatment room (where relevant) and during other visit-based care.

You could:

- provide alternatives for effective hand cleaning that ensures hand hygiene during a consultation.

RACF2.1►F Our RACF clinical care space/s are visibly clean.

You must:

- demonstrate that the RACF consultation spaces and treatment room (where relevant) are regularly cleaned

- ensure the consultation spaces and treatment room (where relevant) in the RACF are visibly clean, particularly where medical equipment is stored.

You could:

- have a written and signed agreement with commercial cleaners
- use a cleaning log.

Criterion RACF2.2 – Facility equipment

Indicators

For RACFs that meet Indicator **2.2►B**, all flagged Indicators apply to the consultation space.

For RACFs that meet both Indicator **2.2►B** and Indicator **2.2 C**, all flagged Indicators apply to both clinical care spaces (consultation space and treatment room).

RACF2.2►A Our RACF has equipment that supports the provision of comprehensive care and emergency resuscitation.

RACF2.2►B Our RACF ensures GPs have access to a well-equipped consultation space.

RACF2.2C Our RACF ensures GPs have access to a well-equipped treatment room.

RACF2.2►D Our RACF maintains clinical equipment in clinical care space/s in accordance with manufacturers' recommendations.

RACF2.2►E Our RACF has height-adjustable bed/s in clinical care space/s for resident consultations.

RACF2.2►F Our RACF has an electrocardiograph.

RACF2.2►G Our RACF has an automated external defibrillator.

RACF2.2►H Our RACF has timely access to a spirometer.

Why this is important

GPs need to have access to equipment that enables them to treat acute, episodic illnesses and injuries during RACF visits or where emergency resuscitation is required. You need to consider what equipment GPs or the RACF care team require to provide comprehensive services. GPs and/or RACF care team members providing visit-based care only will carry some of the equipment required during consultation.

Complex and chronic health conditions are common in RACFs.[24] The availability of diagnostic equipment such as spirometers and electrocardiographs (ECGs):

- helps GPs provide comprehensive onsite care
- reduces the need to transfer residents to hospital for tests.[25]

Equipment needs to be maintained to ensure it is in good working order so that GPs can provide high-quality healthcare.

Research shows that, despite the efforts of medical practitioners, policy makers and consumer advocates, people with disabilities continue to experience poorer health outcomes in a range of areas compared to the broader population.[26] One reason for this has been the lack of height-adjustable examination beds in healthcare services, resulting in fewer opportunities for residents with a disability to have thorough and dignified clinical examinations. Using height-adjustable beds may also reduce workplace injuries because it will minimise the need for practitioners to help residents onto an examination bed that is too high.[27]

RACFs are the most common locations for out-of-hospital cardiac arrests to occur. Having an automated external defibrillator (AED) can reduce the risk of fatality from cardiac arrest.[28] However, evidence has suggested that RACF residents who are resuscitated by paramedics have half the rate of survival in comparison to the elderly in the community[29] and that the quality of life in these survivors is extremely

poor.[30] Therefore, it is important that residents and/or their guardian/s, substitute decision maker/s and/or carer/s discuss preferences for cardiopulmonary resuscitation (CPR) in advance care planning meetings on admission to an RACF.[31]

Most cases of sudden cardiac arrest are due to ventricular fibrillation that can be returned to a normal sinus rhythm with the use of an AED. Using an AED is easy because it analyses the cardiac rhythm and will only deliver a shock if it is necessary.

Survival rates after sudden cardiac arrest drop 7–10% for every minute without defibrillation.[32,33] CPR alone has a 5% survival rate in the elderly.[34] It is important that residents and/or their guardian/s, substitute decision maker/s and/or carer/s are aware of the risk of performing CPR on ageing residents.

Meeting this Criterion

Your RACF consultation space and treatment room (where relevant) must have the following equipment.

RACF consultation space equipment:

- auriscope
- blood glucose monitoring equipment
- desk and chairs
- disposable gloves (sterile and non-sterile)
- disposable syringes and needles in a range of sizes
- ear irrigation device
- emergency medicines
- equipment for resuscitation (ie equipment for maintaining an airway for adults, and equipment to assist ventilation, including bag and mask)
- equipment for sensation testing
- examination light
- eye examination equipment (eg fluorescein staining)
- intravenous access
- measuring tape
- ophthalmoscope
- oxygen
- patella hammer
- personal protective equipment
- pulse oximeter
- scales
- spacer for metered dose inhalation
- specimen-collection equipment
- sphygmomanometer (with small, medium and large cuffs)
- stethoscope

- the ability to view X-rays
- thermometer
- torch
- tourniquet
- urine-testing strips
- vaginal specula
- visual acuity charts.

RACF treatment room equipment:

- surgical trolley
- medical consumables including
  - alcohol-based hand rub
  - biopsy packs
  - casting materials and splints
  - disinfectants
  - disposal gloves
  - dressing packs
  - excision packs
  - eye pads
  - gauze swabs
  - lignocaine
  - lubricant gel
  - range of bandages, tapes and dressings
  - saline
  - scalpels
  - single-use equipment
  - slings
  - specimen jars
  - surgical glue
  - suture packs
  - swabs, syringes and needles
  - tongue depressors
  - tubular bandages.

Your RACF consultation space and treatment room must have all of the equipment necessary to:

- provide care that meets resident needs

- support the procedures that GPs perform, including equipment that is relevant to your location and patient population.

Personal protective equipment can include:

- face shields and surgical masks
- gowns
- goggles/glasses
- gloves
- plastic aprons.

Point-of-care testing in RACF

Point-of-care testing can help GPs and the RACF care team to make immediate and informed decisions about a patient's care and management. The RACGP has the *Standards for point-of-care testing* (5th edition) that describes the requirements for implementing point-of-care testing that can be applied to your RACF. Examples of point-of-care testing include:

- blood glucose monitoring
- catalase test
- electrolyte testing
- influenza testing
- international normalised ratio test
- troponins
- urine-sampling testing strips.

Maintaining clinical equipment

Your RACF care team must ensure all clinical equipment in the RACF consultation spaces and treatment room is maintained and in working order at all times. You could establish a register that lists all clinical equipment in your service and schedules for servicing and maintenance.

Equipment that requires calibration or is powered by electricity or batteries (eg ECGs, vaccine refrigerators, scales, defibrillators) must be serviced regularly in accordance with the manufacturer's instructions to ensure it remains in good working order. Your RACF could keep receipts from any external equipment testing and calibration companies to which you could refer in order to schedule regular maintenance checks. You could also keep a checklist of equipment where you could record dates of servicing, and regularly check that maintenance is up to date.

You must store all hazardous materials securely, including liquid nitrogen and oxygen.

Height-adjustable beds

The following guidelines have been provided by disability advocacy groups for services to follow when purchasing height-adjustable beds:

- preferred minimum range of height adjustment: 45–95 cm
- preferred minimum weight capacity: 175 kg
- preferred minimum width of table: 71 cm

- preferred minimum length: 193 cm
- number of sections: two sections (so the head section can be raised).

You may also consider providing other features and equipment for your height-adjustable beds, where applicable (eg options that meet gynaecological examination requirements).

Electrocardiograph, automated external defibrillator and spirometer training

You must have an ECG and AED onsite. Timely access to a spirometer is also important. You can purchase a spirometer or make arrangements with a service that has this equipment (eg a general practice) so you have timely access to the equipment.

You must determine what 'timely access' means for your RACF, based on clinical need and what peers would consider an acceptable time frame. Training requirements to use the equipment available at the RACF will depend on the specific equipment your facility has.

The RACF staff and RACF care team must be trained in how to use and maintain your facility's equipment safely in order to avoid any patient safety incidents. There must be an assessment to determine whether your RACF staff require specific training in the use of particular equipment, such as height-adjustable beds, point-of-care testing equipment or AED, and whether ongoing training is required.

Automated external defibrillator

Your RACF must have at least one AED. Based on the risks of harm from cardiac arrest, your RACF could identify the need to have additional AEDs by considering:

- the number and composition of RACF and care team staff, residents and other persons who use or visit your RACF[33]
- records of injuries, illnesses and patient safety incidents.

Your AED must:

- be maintained and stored according to the manufacturer's specifications
- be appropriately maintained by staff who are trained in its use
- be placed where it is clearly visible and accessible
- have clear signs indicating its location.

Consulting with RACF care team members

In accordance with Safe Work Australia recommendations,[35] consider consulting with GPs before making decisions on health and safety matters and deciding what other equipment your RACF consultation space needs.

Meeting each Indicator

RACF2.2►A Our RACF has equipment that supports the provision of comprehensive care and emergency resuscitation.

You must:

- have all required equipment.

You could:

- maintain an equipment register

- maintain a checklist for consultation space equipment
- perform a regular audit of your RACF's equipment.

RACF2.2►B Our RACF ensures GPs have access to a well-equipped consultation space.

You must:

- provide a consultation space for GPs and the RACF care team to conduct patient appointments
- have all required equipment.

You could:

- maintain an equipment register
- provide access to a computer and printer to print scripts and referrals.

RACF2.2C Our RACF ensures GPs have access to a well-equipped treatment room.

You could:

- provide a treatment room for simple procedures to take place
- have all required equipment
- maintain an equipment register.

RACF2.2►D Our RACF maintains clinical equipment in clinical care space/s in accordance with manufacturers' recommendations.

You must:

- maintain all required equipment in good working order
- maintain a maintenance log.

You could:

- keep receipts from any external companies that test and calibrate equipment.

RACF2.2►E Our RACF has height-adjustable bed/s in clinical care space/s for resident consultations.

You must:

- have at least one height-adjustable bed.

You could:

- have a height-adjustable bed in each consultation space and treatment room.

RACF2.2►F Our RACF has an electrocardiograph.

You must:

- demonstrate that the RACF care team has access to an ECG
- provide your RACF care team with appropriate training in the safe use of ECGs.

You could:

- keep training logs that record training that the RACF care team has completed, particularly in specialist or emergency equipment
- maintain documents that identify training needs and completed training of each member of your RACF care team
- keep a register of issues or patient safety incidents related to the use of ECGs.

RACF2.2►G Our RACF has an automated external defibrillator.

You must:

- demonstrate that all RACF staff are aware of the location of the AED
- provide your RACF staff with appropriate training in the safe use of the AED.

You could:

- keep training logs that record training the RACF staff have completed.

RACF2.2►H Our RACF has timely access to a spirometer.

You must:

- demonstrate that you have timely access to a spirometer.

You could:

- demonstrate awareness of local spirometry services that your RACF can access.

RACF Standard 3

Information management

> Our RACF has an effective system for managing resident health information.

Information management refers to the management, storage and disposal of records (paper and electronic) and the technology used in the process. Your RACF is required to comply with the relevant state/territory and federal laws relating to the collection, storage, use, disclosure and disposal of residents' health and personal details.

Criterion RACF3.1 – Health record systems

Indicators

RACF3.1►D only applies to those RACFs that have an electronic health record system.

RACF3.1►A Our RACF has a system to manage residents' health information.

RACF3.1►B Our RACF provides GPs and other members of the RACF care team with access to residents' health records.

RACF3.1►C On resident admission to our RACF we request the resident's medical information from their regular GP.

RACF3.1►D Our RACF offers support to visiting GPs on the use of our electronic health record system.

Why this is important

A fully electronic health record system is preferable to a paper-based or hybrid system because the clinical notes in an electronic health record system:

- are more legible
- are more accessible
- reduce time spent undertaking manual activities such as filing or file locating
- reduce duplication
- provide immediate availability of health records both onsite and offsite
- improve management of patients with complex chronic disease by providing timely offsite access to a resident's regular GP when required
- improve communication between your RACF, GPs and other providers/services such as pathology, imaging
- provide more robust patient confidentiality and privacy through use of secure message delivery
- are more easily protected and backed up, which means your facility is less likely to lose or misplace information as a result of incorrect filing, natural disaster, fire or theft.

Your RACF needs to ensure that each resident's clinical files are organised, centralised, appropriately filed and easily accessible during GP visits.

In addition, electronic health record systems can support clinical decision making (eg alerts can be set for any known allergies) and the residents' detailed health summaries can be accessed more easily.

Using a hybrid system to record resident health information is discouraged, as it can result in some information being recorded on one system (eg a medicines list on a computer) and other information being recorded on another system (eg past medical history on handwritten notes) or some information not being recorded at all. Your RACF could work towards installing and maintaining an IT system at the RACF to enable the GP to access relevant RACF medical information externally.

Meeting this Criterion

Your RACF must provide GPs and other members of the RACF care team with access to residents' health records and other important information to support clinical decision making (refer to Criterion RACF1.4►A). The use of My Health Record is preferred to enable the sharing of resident health information among GPs and the RACF care team.

Using a hybrid health record system

If your RACF uses a hybrid health record system:

- all members of the RACF care team must know that your health record system is a hybrid system
- all members of the RACF care team who see residents must know to look at both systems in order to access all relevant information
- information in both systems must be readily available at all times
- information does not need to be duplicated in both systems, but there must be a clearly visible note in both systems stating that your RACF uses a hybrid patient health record system and where information is recorded
- work towards updating to a dedicated electronic health record system that is easily accessible and fit for GP use
- upload resident health information from the electronic health record system to My Health Record.

Education and access to technical support

Training and education on your RACF's electronic health record system must be available for GPs. This must be offered to GPs upon their commencement of providing care to residents in your RACF. In addition, your RACF must ensure that GPs have access to technical support whether onsite or accessing your electronic health record system remotely.

It is important that GPs are notified in advance of any planned interruptions to your electronic clinical system (eg scheduled maintenance, system updates). You must also notify GPs of the expected time frame in which your electronic health record system will be unavailable and provide alternative access to resident's health records, as required.

Meeting each Indicator

RACF3.1►A Our RACF has a system to manage residents' health information.

You must:

- have a system to manage your residents' health information
- have all residents' health information available to and accessible by GPs when needed.

You could:

- use an electronic health record system to manage health information
- conduct audits to identify gaps in resident information
- provide relevant training to your RACF staff, GPs and RACF care team, including when the electronic health record system is updated
- ensure that relevant RACF staff
  - record medical observations for RACF residents (such as weight, pulse, blood pressure), reviewing at least quarterly

- record observations and investigations such as blood glucose levels at periods as requested by the GP or RACF care team
- provide access to resident's charts for the GP or RACF care team.

RACF3.1►B Our RACF provides GPs and other members of the RACF care team with access to residents' health records.

You must:

- keep a record of consultations in the residents' health record
- have all resident health information available and accessible when needed.

You could:

- transition to an electronic health record system that is easily accessible and fit for GP use
- provide remote/external access to residents' health record
- regularly upload a resident's health summary to My Health Record.

RACF3.1►C On resident admission to our RACF we request the resident's medical information from their regular GP.

You must:

- request a health summary (including relevant hospital discharge summaries and information from a previous GP, if applicable) from a resident's GP.

You could:

- request for your resident's social and family history from the resident's GP and previous GP, if applicable.
- encourage and coordinate a comprehensive medical assessment with the resident's GP
- record medical observations for RACF residents (such as weight, pulse, blood pressure) on admission
- request access to your residents' My Health Record.

RACF3.1►D Our RACF offers support to visiting GPs on the use of our electronic health record system.

You must:

- offer GPs with appropriate training and education on the use of your RACF's electronic health record system
- provide GPs with advance notice of any system and security updates to electronic health record system, including anticipated time of outage
- provide GPs with access to technical support.

You could:

- schedule regular electronic health record system training to GPs who provide care to residents in your RACF
- demonstrate that your GPs have received appropriate training and education on the use of your RACF's electronic heath record system
- provide GPs with alternative access to resident health records at your RACF
- ensure at least one RACF staff member is available to support GPs during consultations.

RACF Standard 4

Medication management

> Our RACF has an accurate record of all residents' medication lists.

Polypharmacy and adverse medication events are of particular concern in older people and are associated with avoidable hospitalisations and negative health outcomes.[36,37] Having accurate and up-to-date medication information helps RACFs, GPs and the RACF care team to provide safe, high-quality care and ensures that other healthcare providers who see a resident are able to have current and correct medication information.

Effective communication about medication changes needs to take place between the resident, the RACF and the community pharmacies that are contracted to an RACF.

Criterion RACF4.1 – Management of medicines and treatment

Indicators

RACF4.1►A Our RACF ensures all medicines of a resident are reviewed at least annually, or when a significant change in health status has occurred.

RACF4.1►B Our RACF staff assess residents' responses to treatments.

RACF4.1►C Our RACF staff acquire, store, administer, supply and dispose of medicines, samples and medical consumables in accordance with manufacturers' directions and relevant laws.

RACF4.1►D Our RACF has at least one staff member who has primary responsibility for the management of medicines.

RACF4.1►E Our RACF care team assesses residents' adherence with their treatment and potential barriers to adherence.

RACF4.1 F Our RACF communicates medicine management processes with GPs and the RACF care team.

Why this is important

When residents understand the reason for taking medicines and the benefits and risks associated with particular medicines, they can make informed decisions about their treatment and will be more likely to follow the recommended treatment plan. Research has shown that good communication between the GP, RACF care team, the resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s during the initial prescribing of medications can improve adherence by residents.[38]

Practitioners who have access to current information about medicines can implement best practice prescribing. Reviewing medicines and having an up-to-date medicine list for residents reduces the risk of errors being made when prescribing or referring. It also provides opportunity to assess the resident's adherence to the medicine and provide adherence support where necessary, and to assess whether the resident is experiencing side effects.[39]

Antimicrobial stewardship

Antimicrobial resistance is a significant and growing global health issue that must be addressed in a unified and strategic manner. The integration of point-of-care testing in your RACF could help inform the GP or GP team regarding clinical decisions on the use of antibiotics.[40]

The use of psychotropic medication as chemical restraint

Medication safety is an important issue in RACFs. Overuse of psychotropic medication such as antidepressants, hypnotics and antipsychotics in RACFs is of major concern, particularly when used as a form of chemical restraint.[41] The prescription of psychotropic medication as a form of chemical restraint is considered a restrictive practice under the *Aged Care Act 1997* (Cwlth) and the Quality of Care Principles 2014. Where the use of chemical restraint has been assessed as necessary, it must be set out in the resident's behaviour support plan.

The *RACGP aged care clinical guide (Silver Book)* also provides important guidance on the prescription of psychotropic medication as chemical restraint.

GP access to shared electronic health records and regular review of medicines is important to reducing the risks associated with these medicines. A three-monthly medical review of residents taking regular psychotropic medication is required, and ongoing use must be documented within a resident's health record.[42,43] Documentation of other non-drug interventions must also be made.

Medicines review

The quality use of a medicines program requires the close cooperation of all prescribers before the addition of any new medication for an individual/resident. Referral for regular medicines reviews by a resident's GP, or a prompting by RACF staff and an undertaking by the contracted consultant pharmacist, can aid the GP and the RACF team in managing a resident's medicines. Medication misadventure is a common cause of adverse patient events, potentially avoidable hospitalisations and indemnity risk.[41]

Polypharmacy, the concurrent use of five or more prescription medicines and over-the counter or complementary medicines, constitutes a particular risk. Where possible, the resident's regular GP or a member of the RACF care team must be involved in avoiding drug–drug or disease–drug interactions. Deprescribing should be considered at regular intervals, not just at end of life. Guidance on deprescribing in RACFs is also provided in the RACGP Silver Book.[44]

Residential medicines management reviews provide an important support for the treating GP in appropriate use of medicines.[45] Accredited pharmacists and GPs are able to work collaboratively to decide on contraindications that may occur between certain medicines.[46–48] Medicine reviews can also be conducted by a geriatrician and GP case conference.[49]

The use of a nationally approved and standardised medication chart such as the Electronic National Residential Medication Chart (eNRMC) will improve medication safety and communication about a resident's medicines in the RACF, and during and after care transitions.

Meeting this Criterion

Medication purpose, options, benefits, risks

Consumer Medicines Information (CMI) can help residents and/or their guardian/s, substitute decision maker/s and/or carer/s understand the purpose, options, benefits and risks of their medicines. It is particularly important that residents and/or their guardian/s, substitute decision maker/s and/or carer/s understand the difference between generic drugs and trade-named drugs in order to avoid dosage problems. If a resident and/or the resident's guardian/s, substitute decision maker/s and/or carer/s have a low level of literacy (including health literacy), impaired cognitive function or the information is not available in the resident's preferred language, it may be appropriate to use pictures and diagrams, or translators.

It is important that RACF staff support resident medicine adherence by communicating information about their regular or other common medicines should a resident ask why they are taking them.

The resident's role in their own treatment

Resident dignity and choice is of particular importance in the Aged Care Quality Standards[12] and is crucial to medication management. Providing residents and/or their guardian/s, substitute decision maker/s and/or carer/s with education improves their knowledge and makes them more likely to follow treatment plans.

The GP and RACF care team could share decision making with residents during consultations by discussing the likely benefits, harms and risks of all medications, including antibiotics. Resident-centred discussions could include:

- why antibiotics may not be appropriate (eg antimicrobial resistance)
- why certain medicines are required for health concerns
- advice on self-management of conditions.

Your RACF could provide leaflets or website details with information on antimicrobial resistance and the appropriate prescribing of antibiotics.

Nominating a person with primary responsibility

Your RACF must nominate a staff member to take responsibility for the management of medicines including acquisition, storage and disposal in accordance with the relevant state/territory legislation. Management of resident prescriptions is also important to ensure that medication changes that may occur in an after-hours setting are discussed and implemented with a resident's regular GP.

The staff member with primary responsibility for the management of medicines could also monitor a resident's need for a medication review and prompt this with the resident's regular GP or GP team.

The RACF clinical team member responsible for the management of medicines must be appropriately trained so that they have the knowledge and skills required to meet their legislative requirements.

All RACF staff must know which staff member has primary responsibility for medication management so they can seek advice and support from this person. Your RACF needs to have a process for the nominated person to hand over to another designated and trained staff member in your RACF when they are unavailable.

Using and reviewing best practice treatment

Your RACF could use other resources to ensure appropriate use of medicines, including latest editions of:

- the Australian Medicines Handbook (jointly owned by the RACGP, Pharmaceutical Society of Australia and Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists [ASCEPT]) (https://shop.amh.net.au)
- Therapeutic Guidelines (www.tg.org.au)
- Therapeutic Guidelines: Antibiotic (https://tgldcdp.tg.org.au/guideLine?guidelinePage=Antibiotic&frompage=etgcomplete) to promote and support informed prescribing of antibiotics
- Therapeutic Guidelines: Palliative Care (https://tgldcdp.tg.org.au/guideLine?guidelinePage=Palliative+Care&frompage=etgcomplete)
- National Prescribing Service/NPS MedicineWise (www.nps.org.au)
- Department of Veterans' Affairs: Medicines Advice and Therapeutics Education Services (Veterans' MATES) (www.veteransmates.net.au).

Your RACF could also make other resources available to help members of the RACF care team reinforce to patients the important messages about appropriate antibiotic use and actions that can be taken to reduce antimicrobial resistance.

Quality improvement activities/audits

Your RACF may wish to involve your GPs or RACF care team in quality improvement activities that will improve clinical practice. Individual practitioners could also conduct a clinical audit to identify their patterns of antibiotic prescribing and monitor compliance with policies on antibiotic prescribing. GPs could be invited to become members of an RACF's medication advisory committee.

Storage of medicines

To ensure residents' safe use of medicines, vaccines and other healthcare products, your RACF staff must store these products appropriately and securely, and must not use or distribute them after their expiry dates. You could appoint a designated person to have primary responsibility for the proper storage and security of medicines, vaccines and other healthcare products.

Requirements relating to the acquisition, use, storage and disposal of Schedule 4 and Schedule 8 medicines are contained in legislation, and RACFs need to comply with these laws.

Meeting each Indicator

RACF4.1►A Our RACF ensures all medicines of a resident are reviewed at least annually, or when a significant change in health status has occurred.

You must:

- provide an up-to-date list in the resident's health record of all medicines – prescribed and non-prescribed, including complementary medicines (supplements) where relevant
- keep documentation relating to residential medication management reviews (RMMRs) in the resident's health record, including information given to the resident about the purpose, importance, benefits and risks of their medicine
- ensure residents' medication charts are reviewed by each resident's regular GP at least annually, or when a significant change in health status has occurred
- ensure residents' medication charts are updated by the RACF care team, as required.

You could:

- use an electronic medication management system
- use current best-evidence medicine guidelines
- conduct a multidisciplinary team medicine review involving pharmacist and GP or geriatrician and GP teams.

RACF4.1►B Our RACF staff assess residents' responses to treatments.

You must:

- demonstrate that the RACF care team has documented residents' responses to treatments prescribed by their GP in each of their health records
- document residents' responses to medication changes following an RMMR.

You could:

- provide residents with consumer medicine information
- provide residents with a written action plan.

RACF4.1►C Our RACF staff acquire, store, administer, supply and dispose of medicines, samples and medical consumables in accordance with manufacturers' directions and relevant laws.

You must:

- acquire, store, administer, supply and dispose of medicines, samples and medical consumables according to manufacturers' directions and relevant laws
- maintain a Schedule 8 medicines register in accordance with relevant state/territory legislation.

RACF4.1►D Our RACF has at least one staff member who has primary responsibility for the management of medicines.

You must:

- identify the member of your RACF staff who has primary responsibility for medicine management
- educate the RACF clinical team member with primary responsibility for management of medicines
- inform RACF staff of who is responsible for the management of medicines
- have a process to transfer responsibility of medicine management when the designated RACF clinical team member is unavailable.

You could:

- have the person with primary responsibility for medicine management monitor each resident's need for a medication review and initiate one with a resident's regular GP or GP team, as required
- have a policy that outlines the management of medicines in your RACF
- have a policy that outlines the management of prescriptions in your RACF
- include education about the management of medicine at induction and in ongoing training for the RACF staff.

RACF4.1►E Our RACF care team assesses residents' adherence with their treatment and potential barriers to adherence.

You must:

- document patients' barriers to treatment adherence in their health record
- develop an agreed protocol for the management of medicine changes with the GP and RACF care team.

You could:

- review resident population healthcare needs
- establish a reminder system.

RACF4.1 F Our RACF communicates medicine management processes with GPs and the RACF care team.

You could:

- communicate medicine management processes (eg antimicrobial stewardship policy) with GPs and the RACF care team
- implement point-of-care testing to inform medicine prescribing
- develop and implement policies or protocols in areas such as antibiotics and/or drugs of dependence.

Criterion RACF4.2 – Vaccine potency and cold chain management

Indicators

Criterion 4.2 only applies to those RACFs that have vaccine fridges.

RACF4.2►A Our RACF has at least one staff member who has primary responsibility for cold chain management in the facility.

RACF4.2►B The RACF clinical team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the *National vaccine storage guidelines: Strive for 5*.

RACF4.2►C The RACF clinical team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the RACF care team
- accuracy of our digital vaccine refrigerator thermometer.

RACF4.2►D Our RACF has a written, RACF-specific policy that outlines our cold chain processes.

Why this is important

The success of any vaccination program depends on the potency of vaccines when they are administered to patients. To maintain their potency, vaccines need to be transported and stored within the temperature range of 2–8°C. As vaccines are delicate biological products, they become ineffective if they are not transported and stored within this temperature range.

Meeting this Criterion

Nominating a person with primary responsibility

Your RACF must nominate a member of the RACF care team to take responsibility for cold chain management and compliance with cold chain management guidelines. This team member must be trained so that they have the knowledge and skills required to ensure that vaccines remain potent.

All members of the RACF staff must know which team member has primary responsibility for cold chain management so that they can seek advice and support from this person in order to ensure vaccine potency. Your RACF needs to have a process for this person to hand over to another designated and trained member of the RACF care team when they are unavailable.

Your RACF's quality assurance and risk management processes can include self-auditing of your cold chain management protocols and/or procedures.

Choosing a refrigerator

Your RACF must store vaccines in a reliable refrigerator that can maintain a stable temperature and is large enough to store a sufficient number of vaccines to meet your needs (with consideration of frequency and size of orders).

Do not use cyclic defrost or bar refrigerators because their internal temperatures fluctuate considerably. Domestic refrigerators (including bar fridges) are not built or designed to store vaccines and must not be used for vaccine storage. Refer to your state or territory health department for further advice.

Monitoring the refrigerator's temperature

Your RACF must:

- monitor and record the minimum and maximum temperatures of refrigerators in which any vaccine is stored at least twice a day on each day the facility is open (ideally at the beginning and end of the day)
- take appropriate action if the temperature is not stable or within the required range.

Data loggers or digital thermometers in refrigerators

Your RACF can use data loggers and digital thermometers to verify the efficacy of your cold chain and to conduct quality control checks of the temperature of the refrigerator/s storing vaccines. Data loggers are small electronic devices that continuously measure temperatures, with the data uploaded to computer software so you can view and monitor the results. Some vaccine refrigerators come with inbuilt data loggers, but you can also purchase an external data logger if necessary.

Data loggers will help you identify and record:

- the accuracy of the thermometer
- temperature fluctuations inside the refrigerator, including the duration of the fluctuations
- areas in the refrigerator that are potentially too cool or too warm to store vaccines.

Cold chain management

To be confident of the potency of vaccines stored at your RACF, you must:

- document and follow routine processes to maintain the cold chain, identify risks to the potency of vaccines (such as a loss of power) and implement appropriate strategies to manage this risk
- provide all RACF staff who handle vaccines with ongoing education appropriate to their level of responsibility and ensure this forms part of their professional development
- be aware of the necessary action required if the temperature of the refrigerator has not been maintained within the required range.

Self-auditing

Your RACF could conduct a self-audit of your cold chain management every 12 months as part of your routine quality assurance and risk management process in order to ensure you only administer potent vaccines. An example of a self-audit is contained in the *National vaccine storage guidelines: Strive for 5*.

Meeting each Indicator

RACF4.2►A Our RACF has at least one staff member who has primary responsibility for cold chain management in the facility.

You must:

- have an RACF clinical team member who has primary responsibility for cold chain management
- educate the RACF clinical team member with primary responsibility for cold chain management about their role

- inform all RACF staff members of who is responsible for cold chain management
- have a process to transfer cold chain management when the team member with primary responsibility is unavailable.

You could:

- include education about cold chain management in induction and ongoing training for the RACF staff.

RACF4.2►B The RACF clinical team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the *National vaccine storage guidelines: Strive for 5*.

You must:

- maintain a cold chain management policy and procedure
- have a team member who has primary responsibility for the facility complying with the current edition of the *National vaccine storage guidelines: Strive for 5*.

You could:

- conduct an audit of vaccine storage to determine whether it complies with the *National vaccine storage guidelines: Strive for 5*.

RACF4.2►C The RACF clinical team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the RACF care team
- accuracy of the digital vaccine refrigerator thermometer.

You must:

- maintain a cold chain management policy and procedure
- have procedures that require a written record of all monitoring of refrigerators in which vaccines are stored, including the temperature.

You could:

- create a template to make monitoring and recording of refrigerator temperatures easier
- create a roster for monitoring cold chain compliance.

RACF4.2►D Our RACF has a written, RACF-specific policy that outlines our cold chain processes.

You must:

- maintain a cold chain management policy and procedure.

You could:

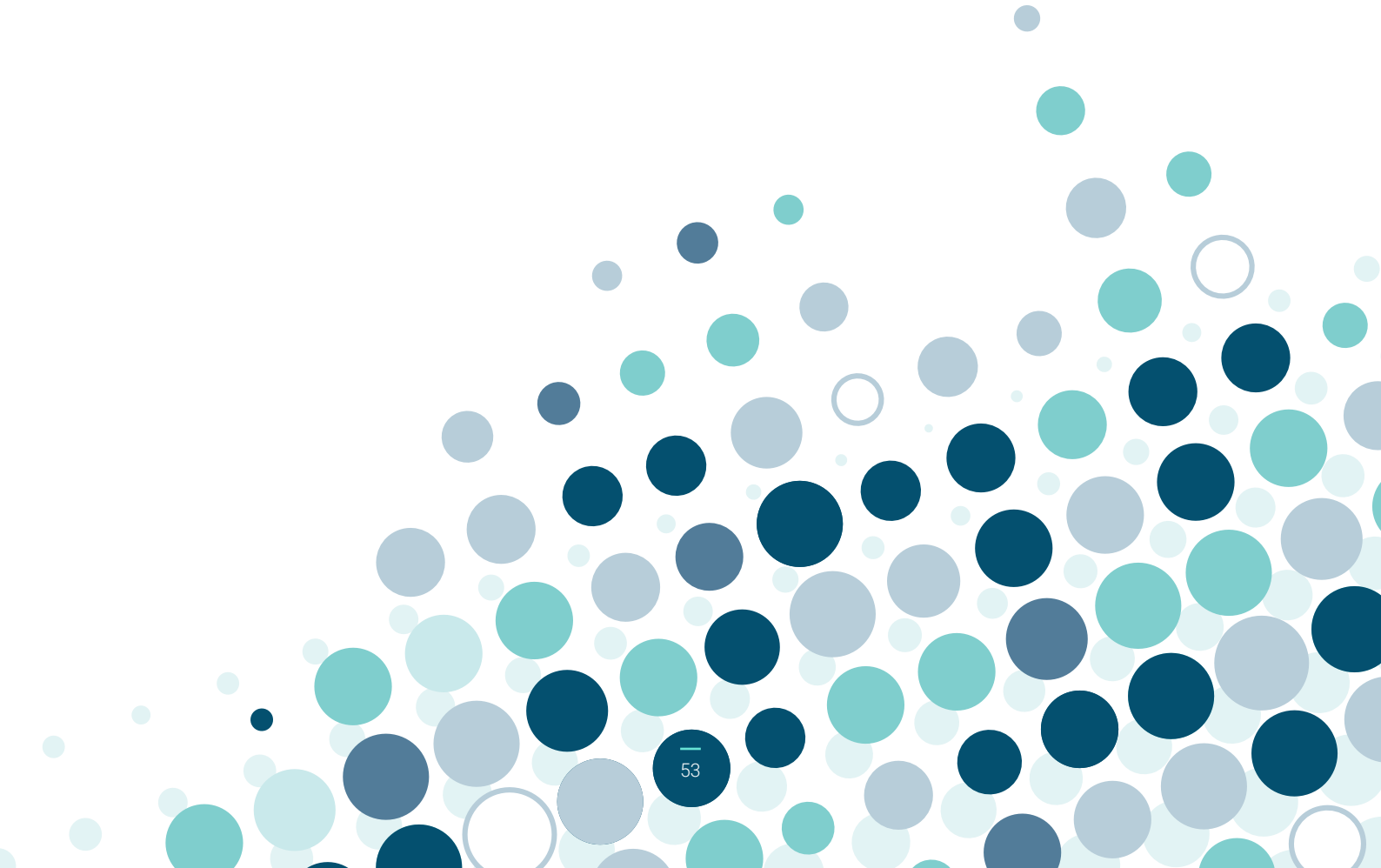
- review the cold chain management policy every 12 months
- discuss the cold chain management policy in RACF staff team meetings.

RACF Standard 5

Qualifications of the RACF care team

> Our RACF care team is appropriately qualified and trained to perform their role.

This Standard focuses on ensuring that all RACF care team members are suitably qualified to provide residents with safe, high-quality care.



Criterion RACF5.1 – Qualifications of the RACF care team

Indicators

RACF5.1A Our RACF care team members:

- have current national registration where applicable
- have accreditation or certification with their relevant professional organisation
- actively participate in continuing professional development relevant to their position and in accordance with their legal and/or professional organisation's requirements
- have undertaken training in cardiopulmonary resuscitation in accordance with the recommendations of their professional organisation, or at least every three years.

Why this is important

Ensuring that all RACF care team members are suitably qualified can reduce the risk of medical errors and ensures that your RACF provides residents with safe, high-quality care.

All members of RACF care team must:

- be suitably qualified and trained
- maintain the necessary knowledge and skills that enable them to provide good clinical care
- comply with the professional development requirements of the relevant professional organisation, regardless of whether the individual is a member of the organisation
- comply with the code of conduct of the relevant professional organisation, regardless of whether the individual is a member of the organisation
- work within their scope of practice and competencies
- meet supervision requirements.

The Aged Care Quality and Safety Commission's Factsheet 1: Introduction to clinical governance outlines RACF responsibilities for checking the registration of visiting practitioners.[50]

Meeting this Criterion

Registration, credentialing and continuing professional development (CPD)

Health practitioners have the responsibility to maintain their relevant national registrations, provide proof of their credentialing and comply with their ongoing CPD requirements.

CPD and other relevant training

The RACF care team members must consider what CPD and other training is relevant to their position and the specific needs of the resident population. This may include training related to:

- caring for and treating older people
- caring for and treating people with dementia
- supporting residents and/or their guardian/s, substitute decision maker/s and/or carer/s through end-of-life and palliative care

- Aboriginal and Torres Strait Islander health
- Aboriginal and Torres Strait Islander cultural awareness
- cross-cultural safety
- LGBTQIA+ ageing and awareness training
- communicating with residents with special needs
- managing ethical dilemmas.

CPD and other training can be undertaken by completing external courses, in-house programs or 'on the job' training at your RACF facility.

Providing care to RACF resident populations

The resident cohort in your RACF has substantial health needs that require special knowledge and expanded skills required for appropriate care. This can include managing difficult behaviours in dementia, and supporting and managing palliative or end-of-life care. It can also include working in a setting where access to diagnostic tests, specialists or equipment is delayed.[1]

Care provided to residents in RACFs must be provided or supported by RACF care team members with formal competence in geriatric health, including training in dementia and palliative care. Dementia education has been shown to improve care quality in managing residents with dementia.[51]

CPR training

All healthcare practitioners must be trained in CPR so they can provide care in emergencies.

CPR training must be conducted by an accredited training provider.

The Australian Resuscitation Council requires that CPR trainees physically demonstrate their skills at the completion of the CPR course. CPR training that is completed solely online does not meet this requirement. For members of the RACF care team, CPR training must be undertaken in accordance with recommendations set by their professional organisation.

Meeting each Indicator

RACF5.1A Our RACF care team members:

- have current national registration where applicable
- have accreditation or certification with their relevant professional organisation
- actively participate in continuing professional development relevant to their position and in accordance with their legal and/or professional organisation's requirements
- have undertaken training in cardiopulmonary resuscitation in accordance with the recommendations of their professional organisation.

You could:

- provide evidence that all members of the RACF care team are appropriately qualified, registered and meeting their professional obligations according to their professional requirements
- keep training logs that record training members of the RACF care team have completed
- store documents that identify training needs and completed training of each member of the RACF care team.

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Glossary

Term	Definition
Aboriginal and Torres Strait Islander status	A way of recording and identifying a resident's response when the practice asks them, 'Are you of Aboriginal and/or Torres Strait Islander origin?' The standard response options should be provided either verbally or in written form: • No • Yes, Aboriginal • Yes, Torres Strait Islander For people of both Aboriginal and Torres Strait Islander origin, both 'Yes'.
Aboriginal and Torres Strait Islander health worker/ practitioner	A member of the Aboriginal and Torres Strait Islander health workforce. Roles include, but are not limited to: • providing clinical functions • liaison and cultural brokerage • health promotion • environmental health • community care • administration • management and control • policy development • program planning. An Aboriginal and Torres Strait Islander health worker/practitioner is often an Aboriginal and Torres Strait Islander person's first point of contact with the health workforce, particularly in remote parts of the country.
Access	The ability of residents to obtain services from the service.
Accreditation	A formal process to assess a service's delivery of healthcare against the RACGP's Standards for GPRAC.
Administrative staff	Staff employed by the RACF who provide clerical or administrative services and who do not perform any clinical tasks with residents.
Advance care directive	Also known as advance health directive in Queensland and Western Australia, a written record of a patient's preferences for future care. The directive can record a patient's values, life goals and preferred outcomes, or directions about care and treatments. Advance care directives differ between states and territories.

Advance care planning	A process of reflection, discussion and communication that enables a person to plan for their future medical treatment and other care, at a time when they are unable to make, or communicate, decisions for themselves.
Adverse drug reaction	Refer to 'Adverse medicines event'.
Adverse medicines event	An adverse event caused by a medicine (eg the resident was given a drug to which they have an allergy and they had an allergic reaction). This includes harm that results from the medicine itself (an adverse drug reaction) and potential or actual resident harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines (medication incident).
After-hours service	A service that provides care outside the normal opening hours of a general practice, whether or not that service deputises for other general practices, and whether or not the care is provided physically inside or outside of the RACF.
Allied health professional	A health professional who collaborates with doctors and nurses to provide optimal healthcare for residents (eg dietitians, exercise physiologists, physiotherapists, podiatrists).
Buddy system	A system whereby a 'buddy' follows up results and correspondence, or continues the care of patients on behalf of an absent colleague. If a practitioner has a 'buddy' system to hand over care, this must be standardised and previously agreed upon, rather than ad hoc. Such arrangements do not necessarily have to be documented in the RACF health record, although the identity of the treating practitioner does need to be recorded.
Care outside normal general practice opening hours	Clinical care that is provided to the practice's residents when the practice is normally closed. Different practices can have different opening and closing hours.
Carer	Someone who provides care and support to a family member or friend who is frail, has a disability, mental illness, chronic condition or terminal illness. As per the *Carer Recognition Act 2010* (Cwlth), an individual is not a carer in respect of care, support and assistance if he or she provides care under a contract of service or contract for the provision of services.
Care coordination	Care coordination needs are based on a resident's healthcare needs and treatment recommendations, which reflect physical, psychological and lifestyle factors. Care coordination needs are also determined by the residents' current health and health history, self-management knowledge and behaviours, and needs for support services.

Care team	A multidisciplinary team of practitioners responsible for the care of residents living in residential aged care. The care team is physically located both within and external to the residential aged care facility.
Care plan	A document that addresses a resident's immediate and long-term needs and goals for their care, and identifies coordination requirements. It is compiled and updated by the RACF in consultation with appropriate multidisciplinary health providers.
Chemical restraint	A form of medical restraint where a drug is used to restrict the freedom or movement of a patient or in some cases to sedate a patient.
Clinical care spaces	Consultation space/s, treatment room/s or both that are available in an RACF.
Clinical decision-making tools	Electronic or paper-based supports to help clinicians and their residents make decisions. They commonly assist the resident (and clinician) to go through several necessary steps: listing the options available; quantifying the benefits and harms of each; and ensuring that the resident's preferences are articulated, then incorporated, into the final decision.
Clinical handover	The transfer from one clinical professional or group to another of clinical professional responsibility and accountability for some or all aspects of a resident's care.
Clinical information system	A computer-based system designed for the collection, storage, retrieval and reporting of clinical and resident information to assist in healthcare delivery processes.
Clinical risk management system	A system to manage the risk of errors and adverse events in the provision of healthcare.
Clinical significance	A way of referring to an assessment of the probability that a resident will be harmed if they do not receive further medical advice, treatment or other diagnostics, and the likely seriousness of the harm.
Code of conduct	A set of principles that characterise good practice and explicitly state the standards of ethical and professional conduct that professional peers and the community expect of members of the service team.
Cold chain management	The system of transporting and storing vaccines from the place of manufacture to the point of administration in order to keep the vaccines within the temperature range of 2–8°C.
Collaborative arrangement	An arrangement between a GP and the RACF. This generally includes information about methods of communication, times of operation, protocols for referral arrangements, information management and after-hours and emergency care.

Communicable disease	An infectious disease that is transmissible from one person to another, or from an animal to a person, by: • direct contact with an affected person (or animal) • direct contact with an affected person's (or animal's) discharges • indirect means.
Comprehensive medical assessment	A review of the resident, including assessment of the resident's health, physical and psychological functioning. It is recommended that a comprehensive medical assessment is performed within six weeks of admission to the RACF, and annually after that.
Confidentiality	The act of keeping information secure and/or private so it is only ever disclosed to an authorised person.
Consultation space	The physical environment in which the provision of primary healthcare and other services is provided to residents in an RACF.
Continuity of care	The degree to which a resident experiences a series of discrete healthcare events and/or services as coherent, connected and consistent with their medical needs and personal circumstances.
Contraindication	A specific situation in which a drug, procedure or surgery should not be used because it may be harmful to the person.
Coordinate	The work of organising, planning and assessing the priorities and needs of residents in an RACF.
Cultural background	Details of a resident's ethnic or cultural heritage that the facility/ general practice has collected and recorded.
Cultural safety	The condition created when people respect, and are mindful of, a person's culture and beliefs and do not discriminate against that person because of their culture or beliefs.
Disability	An umbrella term for any one, or combination, of the following: • impairments resulting in problems in body function or structure • activity limitations resulting in difficulties in executing activities • participation restrictions resulting in problems an individual may experience in involvement in life situations.
Discrimination	Different treatment or consideration of a resident based on particular characteristics (eg gender, age, ethnicity, religion). Positive discrimination enhances the care given to the resident, and negative discrimination potentially reduces, or does reduce, the quality of the resident's care.
Disease–drug interaction	An event in which a drug that is intended for therapeutic use causes some harmful effects in a patient because of a disease or condition that the patient has.

Drug-to-drug interaction	A change in a drug's effect on the body when the drug is taken together with a second drug. A drug–drug interaction can delay, decrease or enhance absorption of either drug.
Electronic communication	The transfer of information (including but not limited to resident health information) within or outside the facility using internet communications, SMS or facsimiles.
Encounter	An interaction between a resident and healthcare provider/s in a hospital for the purpose of providing healthcare service/s or assessing the health status of a resident.
Encryption	The process of converting plain text characters into meaningless data to protect the contents of the data and guarantee its authenticity.
Enrolled nurse	A nurse who works under the direct supervision of a registered nurse as stipulated by the relevant nurse registering authority, but who remains responsible for their actions and accountable for the delegated nursing care they provide.
Equipment	The set of articles or physical resources serving to equip a health practitioner in an RACF.
Ethical dilemma	The need to choose between two courses of action, both of which will result in an ethical principle being compromised.
Ethics (or code of behaviour)	The principles adopted by an organisation to ensure that all its decisions and actions conform to normal and professional principles of conduct.
Event summary	A document detailing a resident's significant health information, their presenting concern, and any diagnosis and advice given or action taken by the practitioner when a service provides healthcare to a resident. The event summary is sent to the resident's regular GP/ practice. An event summary may also be uploaded to a national electronic health record system.
External care transition	Occurs when a resident transitions to another RACF, requests to transfer their care to another practitioner or is transferred to another external care provider (eg palliative care).
Follow-up	Activities that are the logical and responsible steps to take after taking earlier related actions. For example: • making a phone call to find out the status of tests and results that are expected but not yet been received • contacting a resident to discuss a report, test or results.

Gender	A classification based on socially constructed differences between men and women that result in roles and expectations being assigned according to whether someone identifies (or is identified) as male or female. (The word 'sex' refers to the biological and physiological characteristics that define men and women.)
General practice	The provision of resident-centred, continuing, comprehensive and coordinated primary care to individuals, families and communities.
General practitioner (GP)	A registered medical practitioner who: • is qualified and competent to provide general practice anywhere in Australia • has the skills and experience to provide resident-centred, continuing, comprehensive and coordinated primary care to individuals, families and communities • maintains professional competence in general practice.
General practice registrar	A registrar on a pathway to general practice Fellowship.
General practice team	A member of a general practice team such as another GP, general practice registrar, registered nurse or nurse practitioner in the same practice that may attend an RACF when the regular GP is unavailable.
Health information	A subset of a resident's personal information that is collected in connection with the provision of a health service. It includes information or opinions about the health or disability of an individual, and a resident's wishes about future healthcare and health services.
Health outcome	The health status of an individual, a group of people or a population that is wholly or partially attributable to an action, agent or circumstance performed, provided or controlled by a general practice or other health professionals such as nurses and specialists.
Health promotion	The process of enabling people to increase their control over, and improve, their health. More than just influencing an individual's behaviour, it includes a wide range of social and environmental interventions.
Health summary	Documentation usually included in a resident's health record that provides an overview of all components of the resident's healthcare – for example, current medications, relevant past health history, relevant family history, allergies and adverse drug reactions.
High-risk results	Clinical test results that that are seriously abnormal and life-threatening and need to be communicated in an appropriately timely manner.
Home visit	A general practice consultation conducted in the resident's (or someone else's) home.
Hospitalisation	The act or process of being hospitalised.

Infrastructure	The underlying foundation or basic framework (ie systems) required in an RACF.
Information security	The protection of the confidentiality, integrity and availability of information.
Informed consent	The written or verbal consent that a resident gives to the proposed investigation, proposed treatment, or invitation to participate in research, when they understand the relevant purpose, importance, benefits and risks. For consent to be valid, a number of criteria need to be satisfied, including: • the resident has received and understood sufficient and appropriate information and is aware of the material risks • the resident has the mental and legal competence to give consent.
Informed refusal	A resident's refusal of proposed or recommended medical treatment when they understand all relevant information, including the implications of refusing the treatment.
Interpreter service	A service that provides trained language interpretation or translation, either face to face or by telephone.
Locum practitioners	A clinical practitioner, such as a GP or nurse, who works in the place of the regular practitioner when they are absent, or when an RACF is short staffed.
Manage	To handle or direct a situation in an RACF.
Medical deputising service	A service that arranges for, or facilitates, the provision of medical services to a resident by a medical practitioner (deputising doctor) during the absence of, and at the request of, the resident's GP (principal doctor).
Medical student	A person who is studying medicine at a university. Medical students must be supervised during any RACF placements.
Medication	Substances used to treat an illness or medical condition. They can be a prescription medicine or over-the-counter medication, and can include complementary medicines.
Medicine	A drug or other preparation for the treatment or prevention of disease.
My Health Record	My Health Record is Australia's national electronic health record. It is an online repository for documents and data that contains information about an individual's health and healthcare. It can be accessed online by healthcare consumers and their healthcare providers.
Nurse	Refers to 'registered nurse', 'nurse practitioner' and 'enrolled nurse'.

Nurse practitioner	A registered nurse who is educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role where their scope of practice is determined by the context in which they are authorised to practice.
Other visit	A general practice consultation conducted somewhere that is not the general practice or the resident's home (eg RACF, workplace).
Outside normal opening hours	The hours other than the RACF's normal opening hours.
Over-the-counter medicine	Medicines that people can purchase from retailers (eg pharmacies, supermarkets, health food stores) for self-treatment and which do not require prescription.
Patient safety	Reduction of the risk of unnecessary harm associated with healthcare to an acceptable minimum.[52]
Patient safety incident	An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. It has become the preferred term when discussing adverse events, near misses and other significant events.[52]
Polypharmacy	The concurrent use of five or more prescription medicines and over-the counter or complementary medicines.
Practitioner	A member of the care team who has appropriate qualifications to perform clinical functions.
Privacy of health information	The protection of personal and health information to prevent unauthorised access, use and dissemination.
Qualified	Holding the educational or other qualifications required to perform a specific activity (eg administer first aid) or hold a specific role (eg GP, registered nurse).
Quality improvement	One or more activities that a facility undertakes to monitor, evaluate or improve the quality of healthcare delivered.
RACF care team	RACF residents' multidisciplinary care that is provided by a range of health professionals external to the RACF. Such health professionals include nurses, nurse practitioners, allied health practitioners, pharmacists and other medical practitioners (eg practitioner from the same GP practice, geriatrician, psychiatrist).
RACF clinical team member	RACF residents' multidisciplinary care that is provided by a range of health professionals that are direct employees of the RACF. Such health professions could include (but are not limited to) nurses, nurse practitioners, allied health practitioners, pharmacists and other medical practitioners (eg practitioner from the same GP practice, geriatrician, psychiatrist).

RACF staff	Staff employed by the RACF including registered nurses, enrolled nurses, personal care assistants, facility managers and administrative staff.
Recall	The process of requesting a resident to attend a consultation to receive further medical advice on matters of clinical significance.
Referral	The process of sending or directing a resident to another practitioner.
Registered nurse	A nurse who practises independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and healthcare workers. A registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, Nursing and Midwifery Board of Australia standards and codes, educational preparation, relevant legislation and context of care.
Regular GP	A GP with an ongoing healthcare relationship with a resident. The regular GP provides a continuous, comprehensive care and helps build a trusting doctor–patient relationship.
Relevant family history	Information about a resident's family history that the practitioner considers important in order to provide appropriate clinical care to the resident.
Resident	A person who resides in an RACF and is receiving healthcare from the general practice.
Resident agreement	A legal agreement a resident has with their RACF that sets out the care and services the aged care home will provide and how much they will be asked to help pay for them.
Resident health information	A resident's name, address, account details, Medicare number and any information (including opinions) about the resident's health.
Resident health record	Information, in paper or electronic form, held about a resident, which may include contact and demographic information, medical history, notes on treatment, observations, correspondence, investigations, test results, photographs, prescription records, medication charts, insurance information, legal information and reports, and work health and safety reports.
Residential aged care	Facilities that provide personal care and other support services such as pharmacy, allied health, social services, specialist services or respite care to older people who are unable to live at home, coordinating multidisciplinary care for all residents 24 hours a day
Restrictive practice	A restrictive practice is any intervention that has the effect of restricting the rights or freedom of movement of an aged care resident.

Safe and reasonable	A desired description of the outcome of a clinical care decision made by a practice that was based on relevant factors (eg the practice's location and resident population) and an understanding of what their peers (or practices in the same area) would agree was safe and reasonable.
Shared electronic health record	A record containing information that can be managed, added to and accessed across multiple healthcare organisations.
Substitute decision maker	A person permitted under law to make decisions on behalf of someone who does not have capacity. The formal appointment of guardians and administrators in Australia occurs under state and territory laws.
Supplements	A product taken orally that contains one or more ingredients (such as vitamins or amino acids) that are intended to supplement one's diet and are not considered food.
Telephone triage	A method of determining, over the telephone, the nature and urgency of problems and providing directions to achieve the required level of care.
Timely	Within an appropriate period for the given situation, as might reasonably be expected by professional peers.
Transfer in level of care	Residents may need to be transferred within an RACF to an area that provides specialist services, palliative services and higher levels of care.
Treatment adherence	The resident following a recommended course of treatment – for example, taking all prescribed medications, adhering to a recommended diet and exercise plan and reducing or eliminating alcohol or tobacco intake.
Triage	Resident prioritisation based on where resources can be best used or are most needed.
Urgent	Requiring immediate action or attention.
Visit-based care	Different GPs have different RACF visiting behaviours. Visit-based care may involve less frequent visits by a GP to the RACF because their patients are not as sick as other cohorts of patients in the facility.

RACGP

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