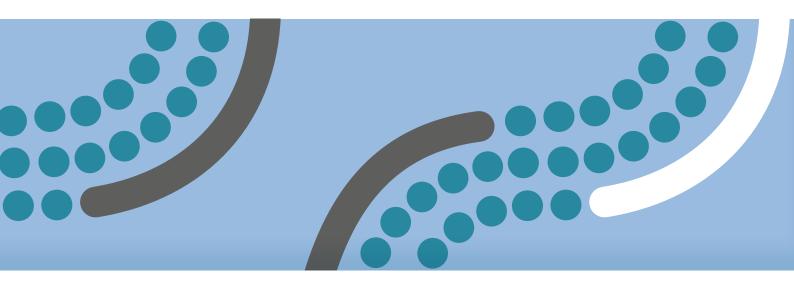


RC16 Residential care contextual unit



Rationale

In June 2014 there were 176,816 people living in residential aged care facilities (RACFs) in Australia either permanently or for respite care. This number increased by 6.3% since 2010, and the average age of residents was 84.5 years. To March 2014, it is estimated that 3.4% of individuals in RACFs were younger than 65 years.¹

General practitioners (GPs) are key providers of medical care to those living in RACFs, and it has been recognised that the type of care provided in many ways differs significantly from that provided in general practice. The BEACH program data (2011–14) was used to compare the types of care provided to individuals in RACFs compared to that provided to individuals in general practice.²

Dementia was the most common condition managed in RACFs (16.7 per 100 consultations), which was six times more frequent than in general practice consultations. The other common conditions encountered were urinary tract infections, depression, cardiac failure and chronic skin ulcers.³

The most common reasons for individuals aged under 65 years to be admitted to RACFs were acquired brain injury and primary neurological disability.

In addition to differences in the prevalence of conditions managed, the provision of medical care to individuals housed in RACFs differs to that provided in general practice in other ways and thus there is a requirement to focus on specific skill development and maintenance in the following areas:

- high prevalence of restrictions to capacity to provide informed consent, which raises the importance of
 understanding the role of advanced care directives, medical power of attorney and guardianship arrangements, and
 of skills in accurate assessment and review of capacity to provide consent
- a palliative approach to care in relation to dementia and other end-of-life presentations
- given the complex multi-morbidity frequently found in RACF resident presentations in an often under-resourced environment, skills in rational prescribing, especially de-prescribing, for individuals at risk of complex, multisystem disease and impaired cognitive and/or physical functionality
- recognition of the importance of holistic and valid health assessments and screening, particularly in regard to cognition, depressive disorders, nutrition, falls risk, continence and pain
- importance of working in partnership with a multidisciplinary team, including carers, in development of management plans that are patient-centred.

The aging of the GP workforce providing care for RACF patients means younger GPs must be supported and trained to undertake this work.

Related contextual units

OC16 Care of older people

DB16 Individuals with disabilities

References

- Gordon J, Harrison C, Miller G. General practice encounters with patients living in residential aged care facilities. Aust Fam Physician 2015;44(4):173–75.
- 2. Taylor MJ, Edvardsson D, Horey D, Fetherstonehaugh D, Nay R, Swerissen H. General practitioner service provision in residential aged care facilities 1998–2011. Australas J Ageing 2013;32(1):56–59.
- 3. Australian Institute of Health and Welfare. Younger people with disability in residential aged care; 2010–11. AlHW bulletin no. 103. Cat no. AUS 155. Canberra: AlHW, 2012.

Useful residential care resources and tools

Royal Australian College of General Practitioners. Medical care of older persons in residential aged care facilities (silver book). 4th edn. South Melbourne, Vic: RACGP, 2006, www.racgp.org.au/your-practice/guidelines/silverbook

Royal Australian College of General Practitioners. A best practice guide for collaborative care between general practitioners and residential aged care facilities (includes Comprehensive Medical Assessment Template and Aged Care Nurse Triage Information). East Melbourne, Vic: RACGP, 2013, www.racgp.org.au/your-practice/business/tools/support/best-practice-guide

Geriatric depression scale

www.racgp.org.au/your-practice/guidelines/silverbook/tools/geriatric-depression-scale

Cognitive assessment tools

Abbreviated mental test score (AMTS), www.racgp.org.au/your-practice/guidelines/silverbook/tools/abbreviated-mental-test-score

Addenbrooke's Cognitive Examination III (ACE-III) (along with other useful tools for dementia assessment) is a sensitive tool for detecting levels of dementia, www.neura.edu.au/frontier/research/test-downloads

Pain assessment and management

Abbey pain scale, www.apsoc.org.au/PDF/Publications/4_Abbey_Pain_Scale.pdf

Pain assessment checklist for seniors with limited ability to communicate (PACSLAC), www.geriatricpain.org/Content/Assessment/Impaired/Documents/PACSLAC_Tool.pdf

Pain assessment in advanced dementia scale (PAINAD scale), www.healthcare.uiowa.edu/igec/tools/pain/PAINAD.pdf

Savvas S, Gibson S. Pain management in residential aged care facilities. Aust Fam Physician 2015;44(4):198–203, www.racgp.org.au/afp/2015/april/pain-management-in-residential-aged-care-facilities

Medical Benefits Schedule (MBS) Comprehensive medical assessments for residents of residential aged care facilities – Fact Sheet, www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_cma

Guidelines for a palliative approach in residential aged care, www.nhmrc.gov.au/_files_nhmrc/publications/attachments/pc29.pdf

CareSearch: Palliative care knowledge network – GP hub home, www.caresearch.com.au/caresearch/tabid/3648/Default.aspx

Glossary

Nil