

Breaking down barriers for GPs caring for RACF patients

**Rationale for RACGP development of the Standards for
general practice residential aged care**

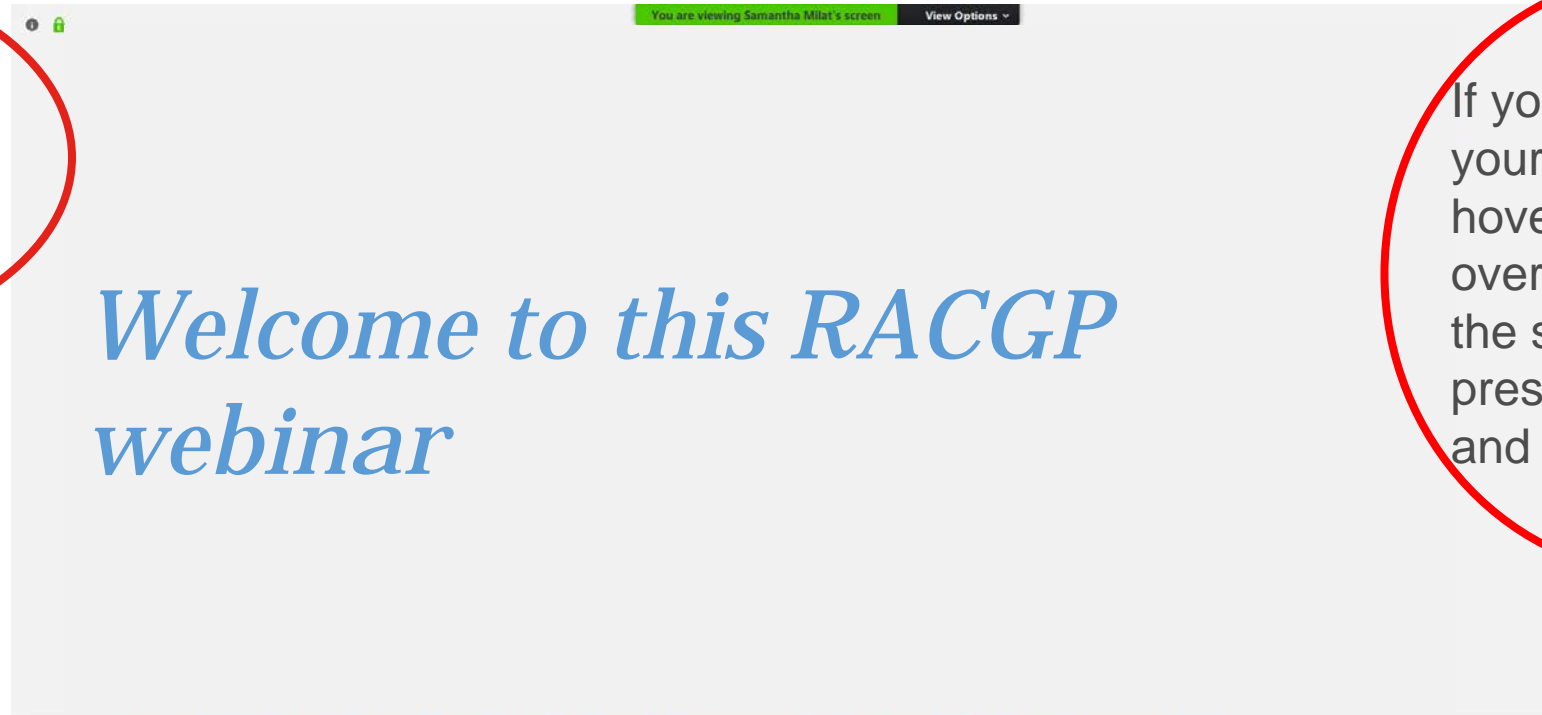
Acknowledgment of country

I would like to recognise and acknowledge the traditional custodians of the land and sea on which we live and work and pay my respects to Elders past, present and emerging.

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Healthy Australia.

Audio Settings ^

Raise Hand

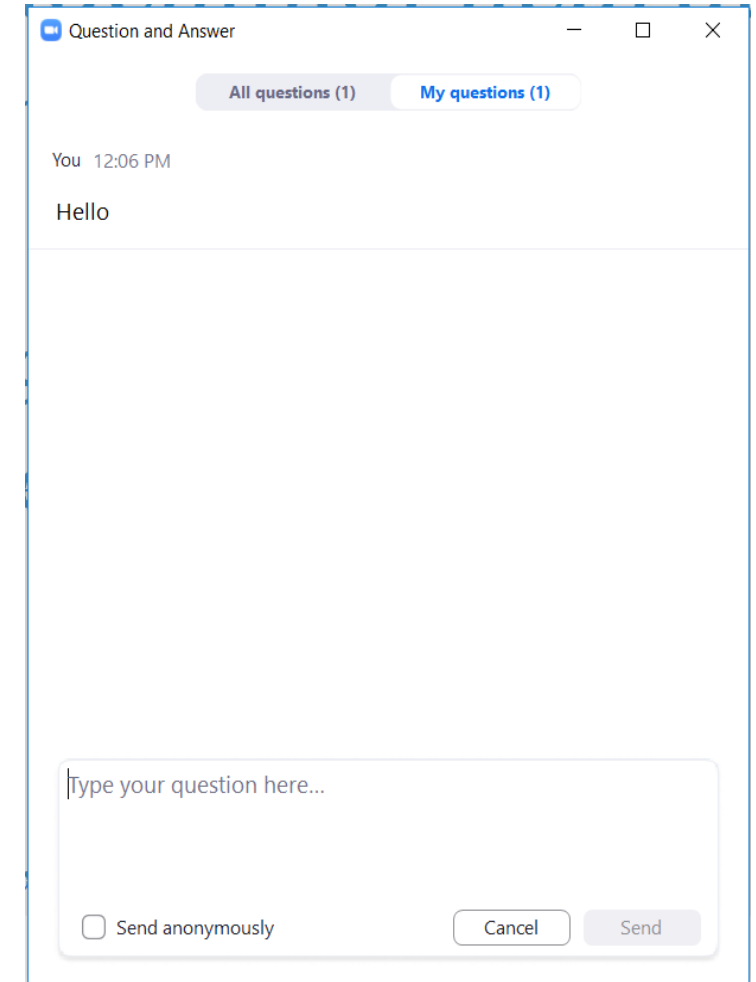
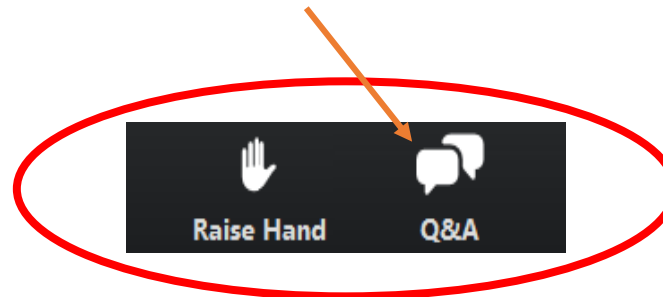
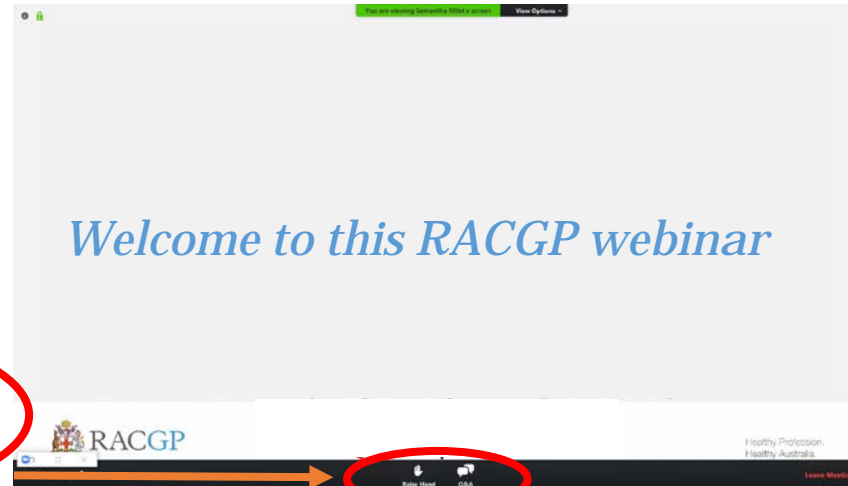
Q&A

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You have been placed on “mute” to optimise the learning experience for you and your peers

Use the question box function to talk to us.

A screenshot of a "Question and Answer" window. At the top, there are tabs for "All questions (1)" and "My questions (1)". Below the tabs, it says "You 12:06 PM" and "Hello". The main area is a large text input field with the placeholder text "Type your question here...". At the bottom, there is a checkbox labeled "Send anonymously", and two buttons labeled "Cancel" and "Send".

Introductions



Dr Louise Acland
Presenter

- GP for over 25 years - interested in all aspects of general practice care, with special interests in women's health, mental health and chronic disease management
- Head of Clinical Governance at Healius Medical Centres Ltd
- Chair - RACGP Expert Committee for Standards of General Practices and
- Chair - RACGP Working group – General practice residential aged care
- Co-chair of General Practice Accreditation Coordinating Committee with the Australian Commission on Safety and Quality in Health Care

Objectives for today's presentation

Objectives for today's presentation

- Discuss the rationale behind the RACGP's development of the draft *Standards for general practice residential aged care (1st edition) (Standards for GPRAC)*
- Provide an overview of the development process for the draft Standards for GPRAC development
- Outline the Standards for GPRAC structure and indicators
- Outline the GPRAC standards planned pilot process and how RACFs can become involved

Why develop the Standards?

Why develop the Standards?

Residents in RACFs deserve the same standard of general practice care they would otherwise receive if they were living in the community. RACF residents should be able to maintain the opportunity to receive care from a GP who:

- they trust
- understands their health
- respects their values
- works with them in a continuous and comprehensive relationship
- supports person-centred care.

Why develop the Standards?

Challenges GPs faced when delivering care in RACFs:

- a lack of recognition
 - inadequate support
 - clinical complexity
 - time pressures
 - workforce issues EG
 - lack of infrastructure.
-
- Identify gaps between the Aged Care Quality Standards and the RACGP *Standards for general practices* (5th edition).

Why develop the Standards?

In response to these identified needs, the RACGP developed the Standards for GPRAC to focus on:

- the systems involved in the clinical interface between GPs and RACFs
- collaborative arrangements and communication between GPs and RACFs
- basic infrastructure requirements in RACFs to support the provision of clinical care
- equipment to support high-quality GP care in RACFs.

These identified needs also address some of the concerns from the Royal Commission into Aged Care.

Why develop the Standards?

The Standards for GPRAC:

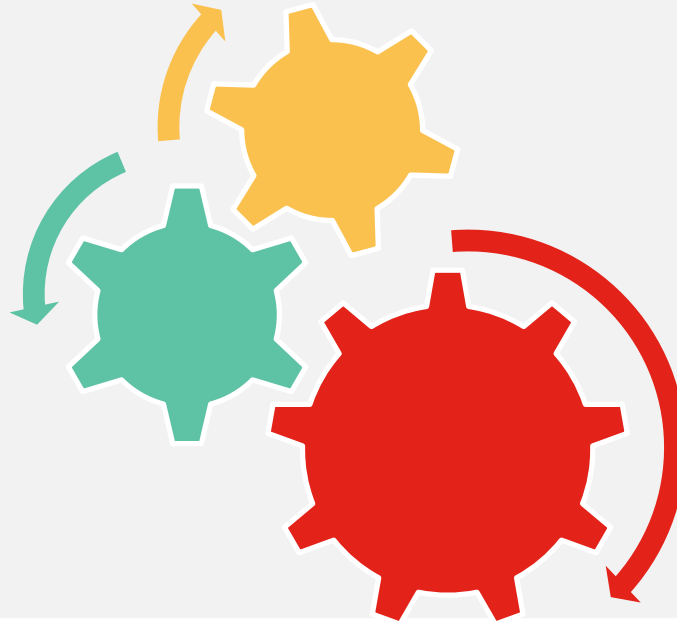
- Are designed to complement the Aged Care Quality Standards as set by the Department of Health.
- Are **voluntary** and highlight the **inextricable link** between the GP, the RACF, the broader RACF care team and RACF systems and infrastructure.
- Focus on the **clinical and systemic interface** between the GP, and GP care team, and residential aged care facilities.
- Sets out requirements that **GPs consider essential to support and enhance** the delivery of **quality** and **safe general practice care to residents** in RACFs.

Why develop the Standards?

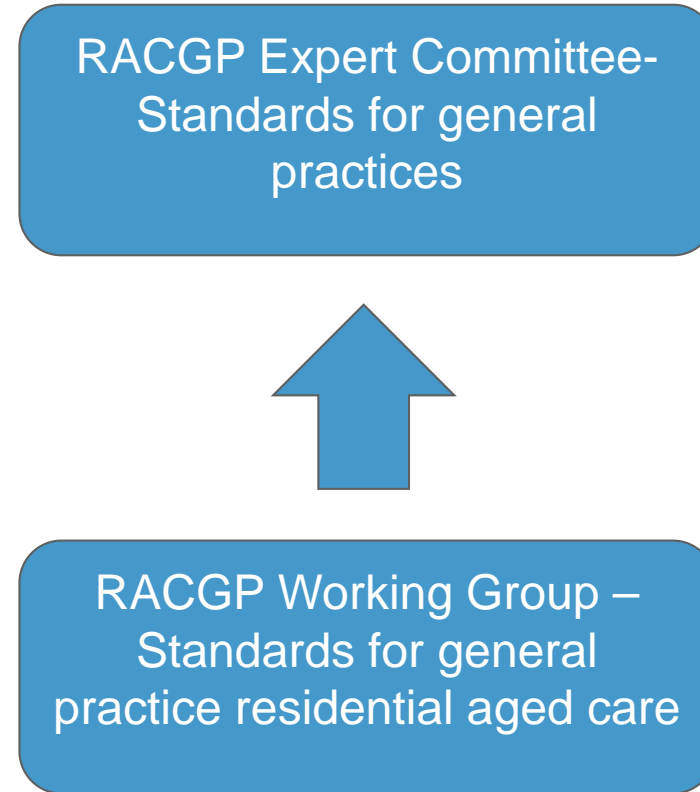
By engaging with the Standards for GPRAC, an RACF can enhance:

- **the delivery of services**
- **the quality of care provided by GPs in RACFs.**

The RACGP Standards development process



Who develops the Standards at the RACGP?



Structure of the Standards

- Developed using the same structure as the Standards for general practices (5th edition)
 - Outcome-focused which means that the Indicator focuses on the outcome or the intent rather than the process.
 - Patient-centred which means that Indicator focuses on what the patient receives rather than what the RACF does.
 - Mandatory Indicator (►)
 - Why this is important
 - Meeting this Criterion
 - Meeting each Indicator

Criterion RACF1.5 – Follow-up systems

Indicator

RACF1.5 ► A Our RACF staff documents and communicates residents' care in a timely manner to their 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 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 is critical to help ensure high-quality patient outcomes and decrease disputes.

Meeting this Criterion

It is critical for the 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.

Meeting each Indicator

RACF1.5 ► A Our RACF staff documents and communicates residents' 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 the RACF 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 with the RACF care team
- document a staff member's role in the recall process in their position description.

The Standards for GPRAC accreditation process

- The RACGP is the author of Standards for GPRAC.
- Accreditation agencies role is to use the Standards for GPRAC to accredit RACFs
- The RACGP envisages that the Standards for GPRAC accreditation visit would occur either:
 - concurrently with an assessment of the Aged Care Quality Standards, or
 - as a separate process if the RACF is already accredited.

Questions

Draft Standards for general practice residential aged care (1st edition)

Overview of the Standards for GPRAC

1. Resident care coordination
2. Infrastructure, equipment, consultation spaces and treatment room
3. Information management
4. Medication management
5. Qualifications of the RACF care team

RACF Standard 1: Resident care coordination



Resident care coordination

- ✓ **Access to care**
- ✓ **Responsive system for resident care**
- ✓ **Continuity of care**
- ✓ **Supporting coordinated care**
- ✓ **Follow-up system**

Resident care coordination

RACF1.1 Access to care

Facilitate access to GP care for urgent and after-hours care arrangements.
Coordinate residents' treatment according to ACD's where available.
Plan and update resident care with the resident's regular GP.
Communicate about care services provided within the facility.
Communicate when an external care transition has occurred.
Inform residents when their GP routinely visits the facility.

RACF1.2 Responsive system for resident care

Systems in place to support GPs when communicating with residents' carer(s) and/or guardian(s).
Triage systems with our residents' regular GPs.
Including a resident's regular GP in patient safety incident reviews*.

RACF1.3 Continuity of care

RACF staff and care team are aware of each resident's regular GP.
Residents being able to see their regular GP.

Resident care coordination

RACF1.4 Supporting coordinated care

Provide current resident health information during clinical handover.

Manage coordination of resident care within the RACF and handover of resident care with external care providers.

Ensure access to a clinical team member, familiar with a resident's condition.

Information provided about multidisciplinary provider/services that are contracted to the facility.

Ask residents and their guardian(s)/carer(s) about self-referrals and request reports from the RACF care team (optional).

Track referrals for residents until the consultant or specialist's report is received and shared with the GP (optional).

RACF1.5 Follow-up systems

Document and communicate residents' care in a timely manner to regular GP.

Communicate about changes related to the care of residents.

Providing timely information when the resident has been hospitalised.

Providing timely information when the death of a resident occurs.

Ensure any discharge summaries received are provided to the residents' regular GP.

RACF Standard 2: Infrastructure, equipment, consultation spaces and treatment room



Infrastructure, equipment, consultation spaces and treatment room

- ✓ **Appropriate consultation space and treatment room**
- ✓ **Facility equipment**

Infrastructure, equipment, consultation spaces and treatment room

RACF2.1 Appropriate consultation space and treatment room

Ensuring an appropriate consultation space is available for GP or RACF care team/resident consultations that:

- ensures resident privacy and confidentiality during consultations
- has accessible toilets
- has accessible hand cleaning facilities
- is visibly clean.

Ensuring a treatment room is available for GP or RACF care team (optional) that:

- ensures resident privacy and confidentiality during consultations
- has accessible toilets
- has accessible hand cleaning facilities
- is visibly clean.

Infrastructure, equipment, consultation spaces and treatment room

RACF2.2 Facility equipment

Equipment that supports the provision of comprehensive care and emergency resuscitation.

Ensuring GPs have access to a well-equipped consultation space that:

- has a height adjustable bed
- electrocardiograph
- automated external defibrillator.

Ensuring GPs have access to a well-equipped treatment room that:

- has a height adjustable bed
- electrocardiograph
- automated external defibrillator
- timely access to a spirometer in the clinical care space (optional).

Equipment for consultation spaces and treatment room

Personal protective equipment can include, face shield and surgical mask, plastic aprons, gowns, gloves.

RACF consultation space equipment

- auriscope
- blood glucose monitoring equipment
- disposable syringes and needles in a range of sizes
- equipment for resuscitation, (ie equipment for maintaining an airway for adults, and equipment to assist ventilation, including bag and mask)
- intravenous access
- ear irrigation device
- emergency medicines
- examination light
- eye examination equipment (eg fluorescein staining)
- disposable gloves (sterile and non-sterile)
- measuring tape
- equipment for sensation-testing
- ophthalmoscope

- oxygen
- patella hammer
- **personal protective equipment (PPE)**
- pulse oximeter
- scales
- spacer for metered dose inhalation
- specimen-collection equipment
- sphygmoma nometer (with small, medium and large cuffs)
- stethoscope

- surgical masks
- thermometer
- torch
- tourniquet
- urine testing strips
- vaginal specula
- visual acuity charts
- the ability to view X-rays
- desk and chairs.

RACF treatment room equipment

- surgical trolley
- medical consumables including:
- biopsy packs
- casting materials and splints
- disposal gloves
- dressing packs
- eye pads
- gauze swabs
- excision packs
- lignocaine
- 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
- lubricant gel.

RACF Standard 3: Information management



Information management

RACF3.1 Health record system

Our RACF:

- has a system to manage residents' health information.
- GPs and other members of the RACF care team have access to residents' health records.
- on resident admission to our RACF we request the resident's medical information from their regular GP.

Examples of how you must meet these requirements

Have an electronic system to manage your residents' health information.

Have all residents' health information available to and accessible by GPs when needed.

Keep a record of consultations in the residents' health record.

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

RACF Standard 4: Medication management



Medication management

- ✓ **Management of medicines and treatment**
- ✓ **Vaccine potency and cold chain management- for RACFs with vaccine fridges**

Medication management

RACF4.1 Management of medicines and treatment

Ensuring all medicines of a resident are reviewed at least annually, or when a significant change in health status has occurred.

Staff assess residents' responses to treatments.

Staff acquire, store, administer, supply and dispose of medicines, samples and medical consumables in accordance with manufacturers' directions and relevant laws.

At least one staff member who has primary responsibility for the management of medicines.

RACF care team assess residents' adherence with their treatment, and potential barriers to adherence.

Communicates medicine management processes with GPs and the RACF care team.

Medication management

RACF4.2 Vaccine potency and cold chain management

At least one staff member has primary responsibility for cold chain management in the facility.

That staff member ensures that the process used complies with the current edition of the *National vaccine storage guidelines: Strive for 5*.

That staff member reviews processes to ensure potency of vaccine stock ie 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 or GP, accuracy of the digital vaccine refrigerator thermometer.

A written, RACF-specific policy that outlines our cold chain processes.

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

RACF Standard 5: Qualifications of the RACF care team

Qualifications of the RACF care team

RACF5.1 Qualifications of the RACF care team

Ensuring that the RACF care team are suitably qualified to provide residents with safe, high-quality care.

Have current national registration, where applicable.

Have accreditation or certification with their relevant professional organisation.

Actively participate in Continuing Professional Development (CPD) relevant to their position and in accordance with their legal and/or professional organisation's requirements.

Have undertaken training in CPR in accordance with the recommendations of their professional organisation, or at least every three years.

The RACF care team provides the multidisciplinary care facilitated by a range of health professionals *external* to facility.

Questions

Piloting the Standards for GPRAC

Why Pilot?

- The term 'pilot' refers to a study to **pre-test the feasibility** of an instrument such as the Standards for GPRAC.
- Piloting the draft Standards for GPRAC will test the **real-world application of the Standards** in practice.
- Piloting the draft Standards will:
 - Give **advance warning** about areas inappropriate or too complicated for RACFs
 - Identify **practical issues** with implementation.
- This allows the RACGP to address any areas that cause issues to RACFs or surveyors before the Standards for GPRAC are finalised.

Pilot process

The pilot will take place post COVID-19 recovery phase due to current restrictions on RACF access at a time determined by the Australian Commission On Safety And Quality In Health Care.

Accreditation agencies:

- surveyors will conduct the pilot supported by RACGP survey tools
- recruit RACFs to participate in the pilot
- conduct a full mock accreditation survey visit.

The RACGP:

- provide training and online survey tools to RACFs and accreditation agency surveyors

RACFs:

- complete a **self-assessment** using RACGP survey tool
- participate in a full mock accreditation survey visit.

How else can I be involved?

Second public consultation and pilot

The RACGP released the draft Standards for GPRAC for further consultation Wednesday 6 May 2020.

Consultation will be ongoing, concluding once piloting has been undertaken (subject to the COVID-19 recovery phase).

The RACGP will be sending out an additional **expression of interest** for RACFs to be a part of the **pilot**.

✓ We encourage you to provide feedback on the draft and submit feedback to

StandardsforRACF@racgp.org.au

✓ If any RACF's are interested in being a pilot site, you can email the same email above.

Questions

RACGP Contact

- *If you have any further questions or would like to express an interest in participating in the pilot please contact us on the below contact details.*
- Email: StandardsforRACF@racgp.org.au
- *If you would like to provide feedback on the draft Standards for GPRAC while it is open for consultation, please visit:*

<https://www.racgp.org.au/advocacy/member-consultations/open-consultations/racgp-standards-for-gprac-1st-edition>

Thank you!



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