

PRIORITY AREA 3: ACCESS

Objective Description

Domain	National Objective	Rationale
RESIDENTIAL AGED CARE	Divisions will facilitate access and support general practices/GPs to provide optimal care and contribute to the achievement of the best possible health outcomes for older people living in residential aged care facilities (RACFs).	Older people living in RACFs should have access to quality medical care at the same standard that applies to the community generally, and that meets their specific medical needs. There has been a decline in GP attendances to residential care patients in the context of an ageing population, increased numbers of residential care beds and an increased proportion of residents classified as high care. Divisions have a key role in improving access to appropriate general practice services for older people living in RACFs.

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_RES 1.1 Division collaborates with RACFs, service providers and consumer/carer groups to facilitate access to primary medical care for residents of RACFs within the Division's boundaries.	Table N_RES 1.1	Table N_RES 1.1
	N_RES 1.2 Division takes a systematic approach to support GPs visiting RACFs to provide optimal care to RACF patients.	<p>Aim: To develop a systematic approach to support GPs to enhance the coordination of residents' primary care treatment within aged care facilities</p> <p>Actions Taken:</p> <ul style="list-style-type: none"> A regional steering committee comprising relevant stakeholders was established – Committee meets quarterly Business plan developed to encapsulate the incentives to GPs in working in a more systematic and coordinated way with the Division in RACFs. Plan includes key objectives, associated timelines, evaluation processes. Committee developed and disseminated recommendations to enhance the ways GPs and aged care facilities interact in the provision of care to residents of aged care facilities. Event held to launch recommendations to GPs Agenda / Invitations sent out for next reference group <p>Outcomes:</p> <ul style="list-style-type: none"> Positive feedback received from GPs on recommendations (regarded as highly relevant). One-third of RACFs have expressed interest in implementing a number of the recommendations and providing advice regarding the feasibility of each recommendation. Improved collaboration and stakeholder willingness to contribute in this area supports the development of a systematic approach 	<p>Recommendations included scheduling all appointments for one GP in one session per week, setting up a separate room for all consultations (where feasible), organising a member of staff to meet GP on arrival and coordinate appointments with patients.</p> <p>Recommendations and implementation issues will be discussed at the next reference group (to be held next month).</p> <p>Evaluation processes developed as part of the business plan will be considered over the next six months with results due December 2007.</p>
	N_RES 1.3 Division facilitates access to effective Continuing Professional Development (CPD) for the care needs of RACF patients.	<p>N_RES 1.3 (1)</p> <p>We undertook a 2 point CPD activity for GPs and RACF staff on Wounds, Ulcers & Dressings (two sessions on 18 Oct and 8 Dec).</p> <p>Comments:</p>	<p>Previous sessions in this calendar year included Palliative Care, Dementia, Pain Management.</p> <p>Consideration being given to 2007 activities including palliative care</p>

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Level	Indicator	Results for the reporting period	Explanatory Text
		<p>Participation by 5 GPs and 28 RACF staff.</p> <p>OR</p> <p>N_RES 1.3 (2)</p> <p>We facilitated access to RACGP QA & CPD Category 1 on Supervised Clinical Attachment for Geriatric Experience provided by neighbouring Division of General Practice. We facilitated access by identifying the relevant seminar, promoting and supporting attendance of Division members.</p> <p>Comments:</p>	<p>clinical attachments, Aged Care Expo.</p> <p>“Enhancing coordinated care of aged care residents” was on the residential aged care MBS items and launch of the recommendations produced by the Aged Care Panel.</p> <ul style="list-style-type: none"> - 85% of attending GPs evaluated that as a result of the CPD, they would use the MBS items and have a better understanding of the MBS items - 90% of attending aged care facility staff evaluated that as a result of the CPD they will better assist GPs with the MBS items
2	N_RES 2.1 Number and proportion of general practices whose GPs visit RACFs using register/recall/reminder systems to identify RACF patients for review and appropriate action.	Table N_RES 2.1	Table N_RES 2.1
	N_RES 2.2 Number and proportion of general practices providing written patient information appropriate for their patient population about the nature and extent of their availability for RACF visits.	Table N_RES 2.2	Table N_RES 2.2
3	N_RES 3.1 Number of: i) GP consultations in RACFs; ii) comprehensive medical assessments (CMAs); iii) residential medication management reviews (RMMRs), provided by GPs practicing in the Division's area, compared to the number of RACF beds in the Division's area.	Table N_RES 3.1	Table N_RES 3.1
4	N_RES 4.1 Number and proportion of RACFs satisfied with general practice involvement in their RACF.	Table N_RES 4.1	Table N_RES 4.1

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Table N_RES 1.1 Number and proportion of RACFs in Division with which agreed arrangements for collaboration exist. Black Division June 2007

	Agreed arrangements	No agreed arrangements	Not known/missing	Total number of RACFs in the Division
Number	24	14	2	40
Percent	60%	35%	5%	100
Explanatory text:				
The Division has increased focus on RACFs that experience difficulty with GP services. This has resulted in an 8% increase in the number of RACFs with agreed arrangements on the previous 12 month period. Both of the GP Panels meet bi-monthly to discuss access issues and quality improvements in RACFs. Each Panel consists of local GPs, DoN representation from each of the participating RACFs, and one carer representative. X number of RACFs are not participating in the program and the GP Panel is working to promote the benefits of the program, including: better patient care; streamlined systems on admission to hospital; and staff and carer education.				
QA: How were these data obtained?				
Number of RACFs in Division provided by DoHA as part of data package. This number was cross-referenced against Division records. Data regarding agreed arrangements collected by aged care program officer from interviews and visits with RACFs.				

Table N_RES 2.1 Number and proportion of general practices whose GPs visit RACFs using a register/recall/reminder system to identify RACF patients for review and appropriate action, Black Division June 2007

	Practice does not have GPs visiting RACF(s) (No to Q(1))	Practice has GPs visiting RACF(s) but no register is used to identify patients for review and appropriate action (Yes to Q(1) and No to Q(2))	Practice has GPs visiting RACF(s) and uses <u>only</u> practice register to identify patients for review and appropriate action (Yes to both Q(1) and Q(2))	Practice has GPs visiting RACF(s) and uses <u>only</u> RACF register to identify patients for review and appropriate action (Yes to both Q(1) and Q(3))	Practice has GPs visiting RACF(s) and uses <u>both practice and RACF register</u> to identify patients for review and appropriate action (Yes to both Q(2) and Q(3))	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number	39	38	51	9	23	40	160	200
Percent	24.4%	23.7%	31.9%	5.6%	14.4%	N/A	100	N/A
Explanatory text:								
The Division has increased focus on the use of registers to identify patients. This has resulted in a 12% increase (overall) in the number of practices who have GPs visiting RACF(s) who use registers (whether practice or RACF register). Another agenda item for the GP Panels around access issues and quality improvements in RACFs is to develop strategies to encourage increased use of registers to maintain RACF patient records, whether they be in the practice or at the RACF itself. Education on the benefits of a computerised register/ recall/ reminder system is included as part of regular site visits.								
QA: How were these data obtained?								
Data obtained from survey conducted by Division in October 2006. National Standard Questions were used in the survey.								

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Table N_RES 2.2 Number and proportion of general practices providing written information appropriate for their patient population about the nature and extent of RACF visits, Black Division June 2007.

	Practice does not provide written information (No to Q(1))	Practice provides written information in English only (Yes to Q(1) and No to Q(2))	Practice provides written information in different languages (Yes to both Q(1) and Q(2))	Not known/missing	Number of practices for whom data available	Total number of practices in the Division
Number	80	70	10	40	160	200
Percent	50%	43.7%	6.3%	N/A	100	N/A
Explanatory text: 40 practices did not respond to GP survey. In 2007-08, these practices will be interviewed during a site visit (pending willingness to answer questions). This represents an improvement from 2005-06, with 10 more practices providing data to the Division.						
QA: How were these data obtained? Data obtained from survey conducted by Division in October 2006. National Standard Questions were used in the survey.						

Table N_RES 3.1 Number and ratio¹ of GP consultations in RACFs, CMAs² and RMMRs³. Black Division, June 2007.

	GP RACF consultations	CMAs	RMMRs	Operational Beds
Number	40,000	1,500	520	3,200
Ratio services: beds	1:12.5	1:0.47	1:0.16	N/A
Explanatory text: Data extracted from data package provided by DoHA. The ratio of CMAs and RMMRs is significantly improved to the previous year, having almost doubled. This has been achieved through promotion of the MBS item numbers in Division activities and communication with members. This activity will be further promoted in the next financial year.				

Table N_RES 4.1(Q1) New (less than three months) residents difficulty obtaining GP services reported by RACFs, Black Division, June 2007

	Never/sometimes	Often/always	Not applicable (no new residents)	Not known/missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number	18	8	2	12	28	40
Percent	64%	29%	7%	N/A	100	N/A
Explanatory text: Unable to comment on whether this is an improvement as this is the first time Division has undertaken survey. Aim to improve sample size in 2007-08 through improved relationship with 12 RACFs that opted not to participate.						
QA: How were these data obtained? Data obtained from Division survey of RACFs, conducted by telephone interview using National Standard Questions.						

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Table N_RES 4.1(Q2) Existing residents difficulty obtaining GP services reported by RACFs, Black Division, June 2007

	Never/ sometimes	Often/always	Not known/ missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number	15	11	12	28	40
Percent	54%	46%	N/A	100	N/A
Explanatory text: Unable to comment on whether this is an improvement as this is the first time Division has undertaken survey. Aim to improve sample size in 2007-08 through improved relationship with 12 RACFs that opted not to participate.					
QA: How were these data obtained? Data obtained from Division survey of RACFs, conducted by telephone interview using National Standard Questions.					

Table N_RES 4.1(Q3) RACF reported satisfaction with the quality of GP involvement in RACF quality improvement activities, Black Division, June 2007

	Unsatisfied	Satisfied	Very Satisfied	Not known/ missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number	5	21	2	12	28	40
Percent	18%	75%	7%	N/A	100	N/A
Explanatory text: Unable to comment on whether this is an improvement as this is the first time Division has undertaken survey. Aim to improve sample size in 2007-08 through improved relationship with 12 RACFs that opted not to participate.						
QA: How were these data obtained? Data obtained from Division survey of RACFs, conducted by telephone interview using National Standard Questions.						

Table N_RES 4.1(Q4) RACF reported satisfaction with the contact between the RACF and the Division of General Practice, Black Division, June 2007.

	Unsatisfied	Satisfied	Very Satisfied	Not known/ missing	Number of RACFs for whom data available	Total number of RACFs in the Division
Number	5	18	5	12	28	40
Percent	18%	64%	18%	N/A	100	N/A
Explanatory text: Unable to comment on whether this is an improvement as this is the first time Division has undertaken survey. Aim to improve sample size in 2007-08 through improved relationship with 12 RACFs that opted not to participate.						
QA: How were these data obtained? Data obtained from Division survey of RACFs, conducted by telephone interview using National Standard Questions.						

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Domain
RESIDENTIAL AGED CARE

Reflection on work towards all objectives within this domain

Notable achievements and key contributing factors	Increased focus on RACFs that experience difficulty with GP services and the use of RACF/practice registers. Successful implementation of the Compact Medication System to standardise medication management at three major RACFs. Incentives and training provided to GPs in the form of free introductory labels and a training resources and education on the benefits of the approach and a "how to" session on medical software
Notable challenges and key contributing factors	Some GPs continue to refuse to embrace a standardised approach to medication management. This is primarily due to resistance to change, perceptions of increased cost or decreased convenience. This will be the new challenge for this project in the next financial year.
What did the Division learn from the strategic approaches used?	Previous approach of incentive payments encouraging GPs to improve practice and standards did not yield the anticipated outcomes. New approaches to Aged care by the Division has included a restructure to focus on an outcomes based approach. Focus on GPs with a genuine interest in Aged care is usually reflected by the size of portfolios they manage. Working more closely with these GPs is showing promise of significant benefits to Residents, RACFs and GP colleagues.
How were community needs met?	Overall very good access by the community and residents in most areas. Work in progress with sites that historically have experienced access difficulty is being addressed.
Recommendations	Target RACFs still experiencing GP access issues, Increase MAC activity with significant GP input through a GP recruitment strategy and increase the range of activities that can be engaged in by the group including an advisory capacity to the individual RACF boards.