

Caring for Older Australians

Its a joint effort



Division of
General Practice Inc.





ANEDGP Background

- ◆ **220 GPs**
- ◆ **29 RACF (plus 6 close neighbours)**
- ◆ **2814 RACF beds**
 - **1550 high dependency**
- ◆ **Number of large retirement villages**
- ◆ **Most rapid growth in ageing population in South Australia**

Foundation

- ◆ **Aged Care Advisory Committee**
- ◆ **Aged Care Coordinator**
 - Dr Peter Ford (Chair)
 - Aged Care Program Coordinator
- ◆ **Strategic Plan**

Needs identification

- ◆ **Survey**
- ◆ **Forums**
- ◆ **Issues identified**
 - **we found issues were the same but from different perspectives**

Action / Activities

- ◆ **Joint GP-RACF Education Activities**
 - Focus on medication management, pain management and palliative care
- ◆ **6 Month Medication Chart Trial**
 - Successful
 - Continuing adoption

Action / Activities

- ◆ **Establishment of regional Medication Advisory Committee (MAC)**
 - **GPs, Division, RACF, pharmacy, consumer et al**
 - **Formal evaluation**
 - **DoH funding**

Action / Activities

PALLIATIVE CARE GUIDELINES

Introduction

Symptom Control

Gastro Intestinal Symptoms

Respiratory Symptoms

Cognitive and Emotional

Pain

Advance Directives

Resources and Equipment

Action / Activities

‘Medical Director’ for prescribing and records

- **30% reduction in medication errors**
- **More time efficient ‘drug rounds’**
- **Less incident reports**
- **Less medications per patient**
- **Formal evaluation University of SA**

Action / Activities

Accurate Therapy from Acute to Community Care

- ◆ Safety and Quality Council
- ◆ Improving medication related discharge planning hospital > RACF
- ◆ Hospital to provide 4 day medication chart at discharge

Action / Activities

- ◆ **Pathway for Dementia Diagnosis and Support**
- ◆ **‘Aged Care Update’**
 - Quarterly newsletter to GPs, practices, RACF



High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake one nagging thought: He was an old dog and this was a new trick.

Program Principles

- ◆ **A true partnership *General Practice – RACFs – Division***
- ◆ **Funds will be directed to those providing the care**

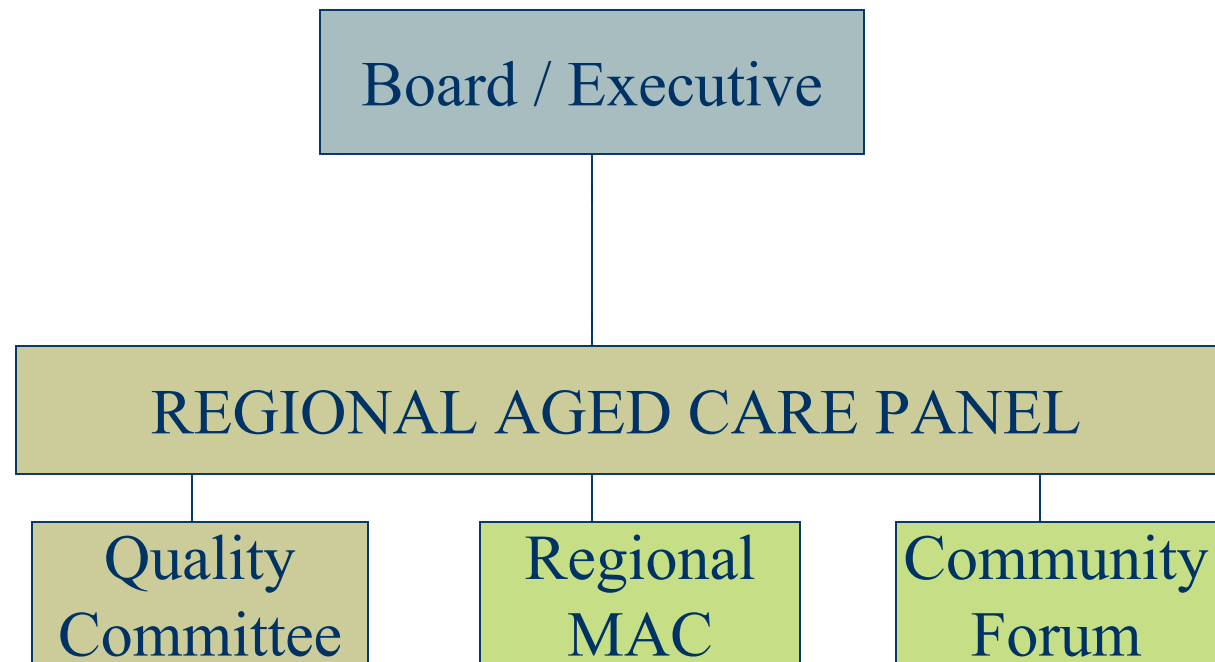
Activities will focus on -

- ◆ **Guaranteeing access to a GP for all RACF residents**
- ◆ **Supporting improvements in quality of care**

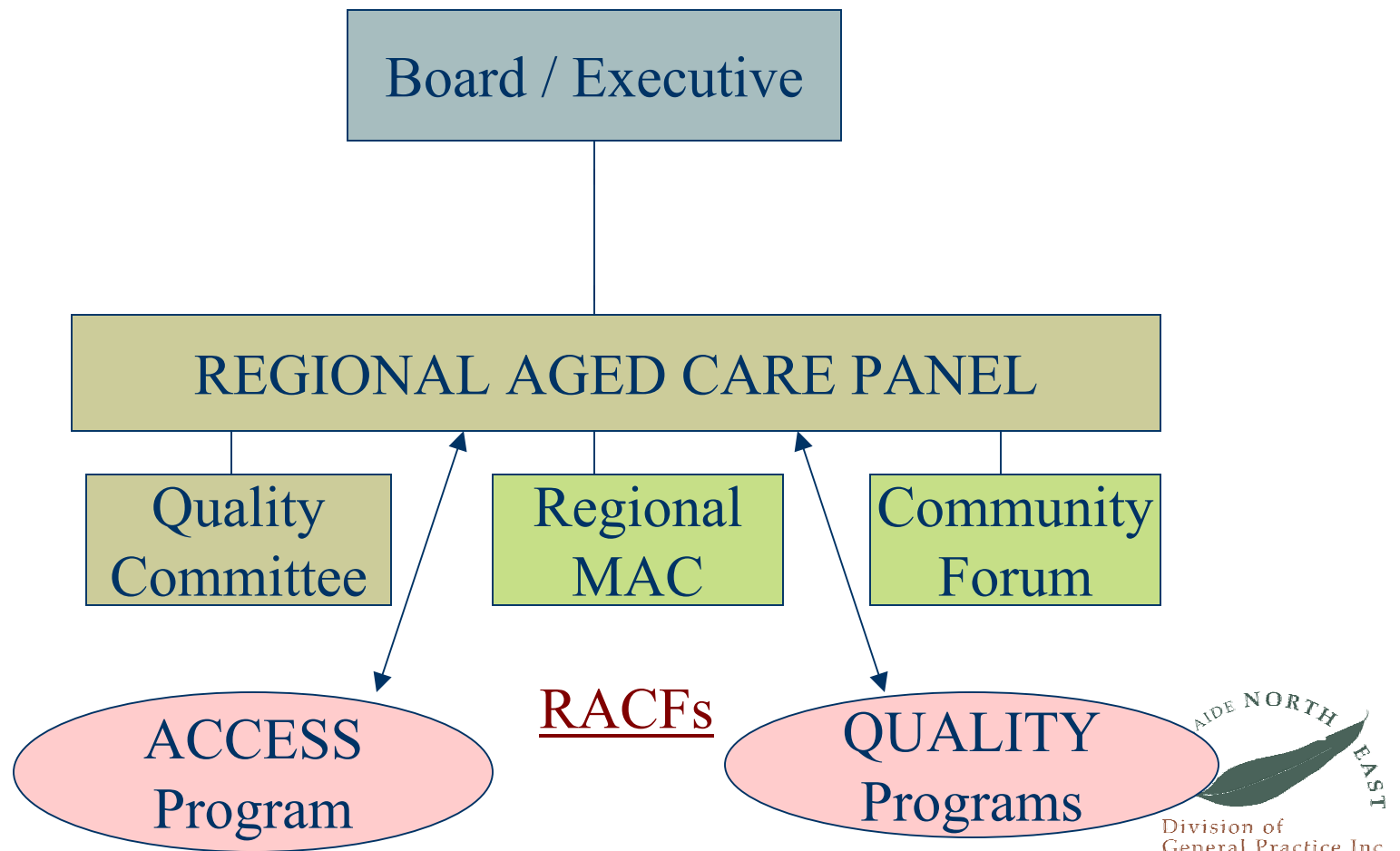
1st Step for ANEDGP

- ◆ **General meeting of stakeholders on 22nd July 2004**
- ◆ **Aim : to develop and endorse a program model**

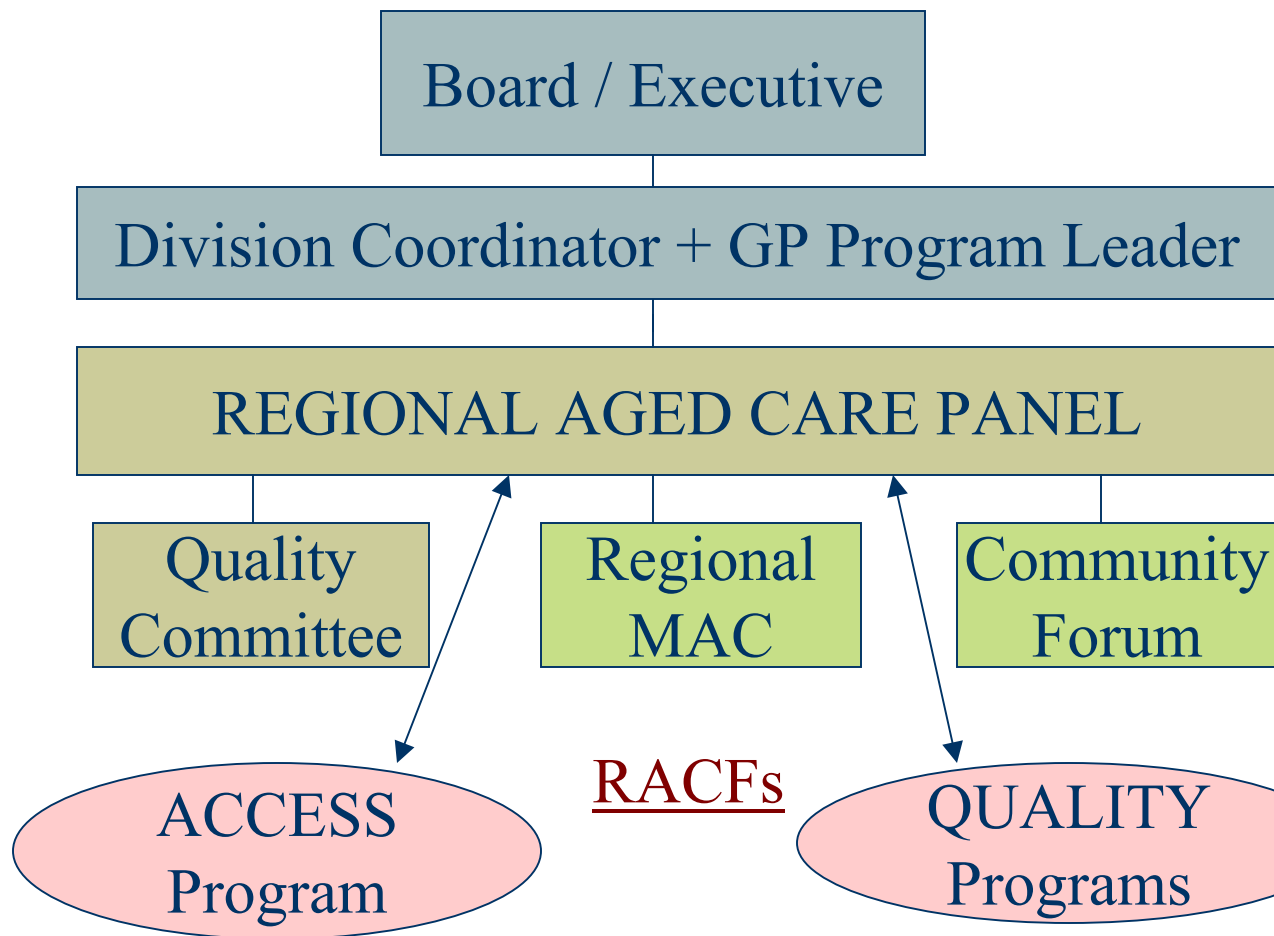
Program Framework



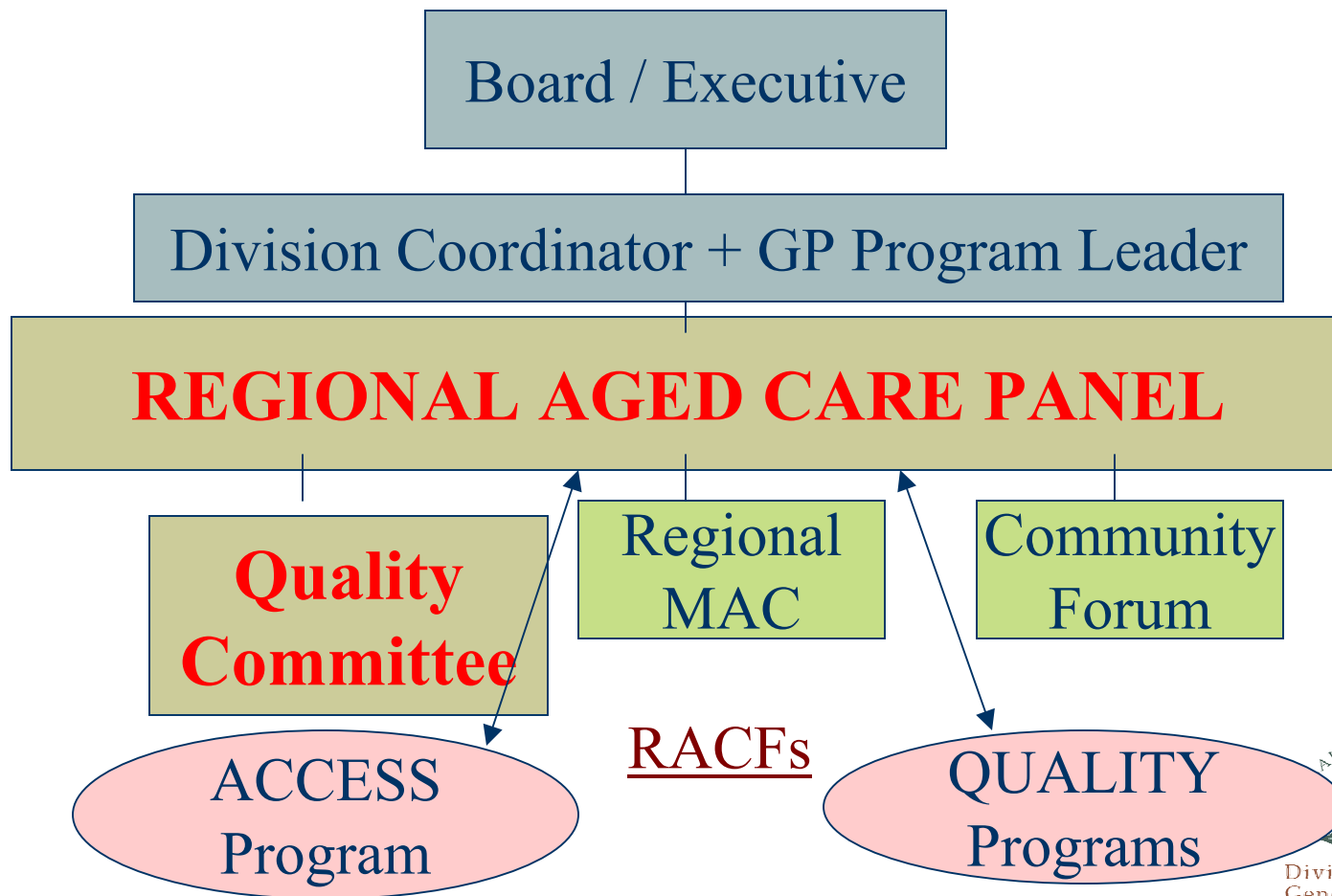
Program Framework



PROGRAM FRAMEWORK



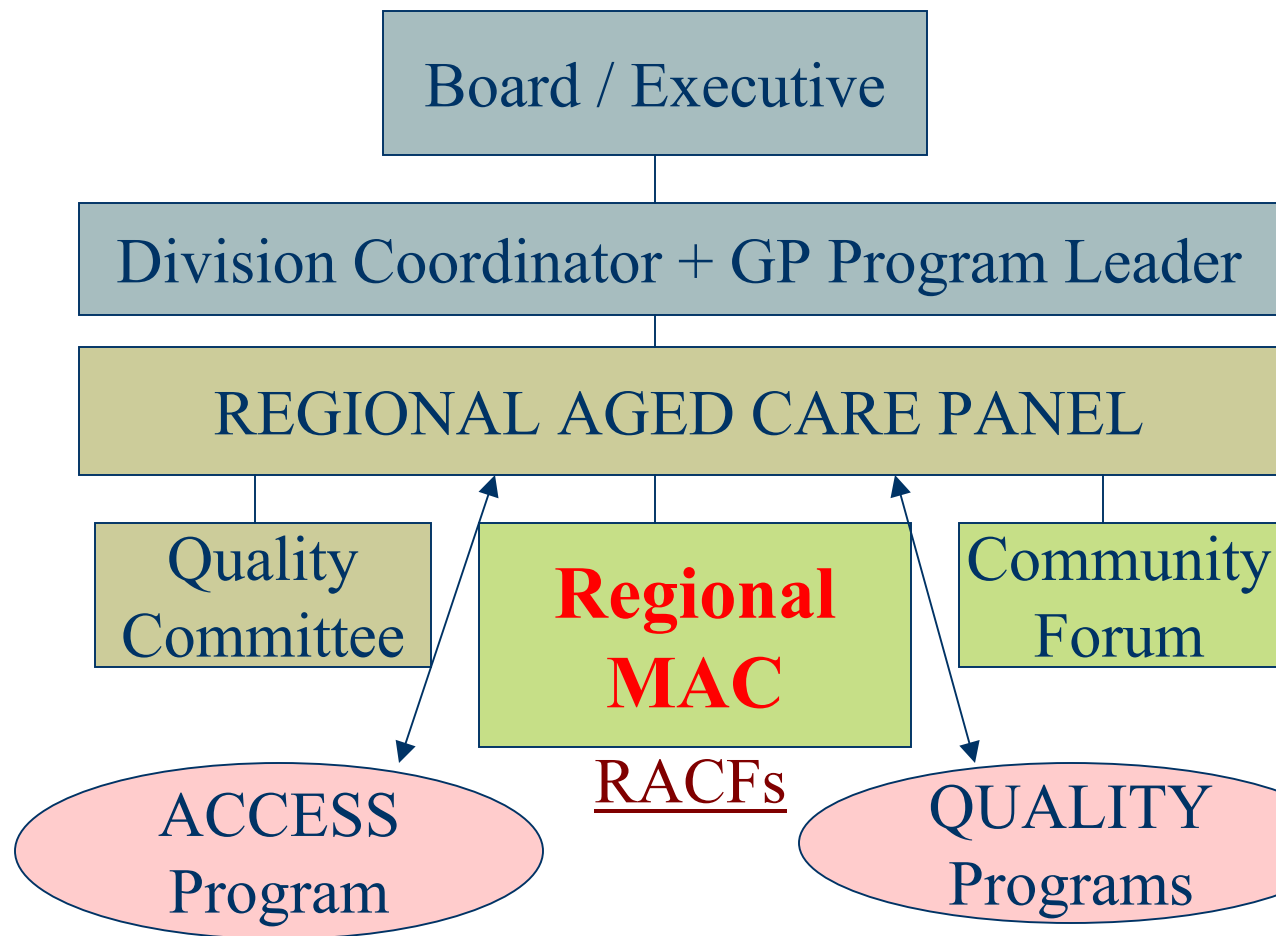
Regional Aged Care Panel and Quality Committee



Regional Aged Care Panel and Quality Committee

- ◆ **Appointments and transparent process, monitoring and coordinating**
- ◆ **Non medication quality activities – safety, standards, advocacy, education, seek funding opportunities, new initiatives**
- ◆ **GP program leader + 3 GPs, RACF *4, coordinator, geriatrician, (other stakeholders may requested for input as need arises ie pharmacy, locum)**
- ◆ **Meet 6x a year for 2 hours**

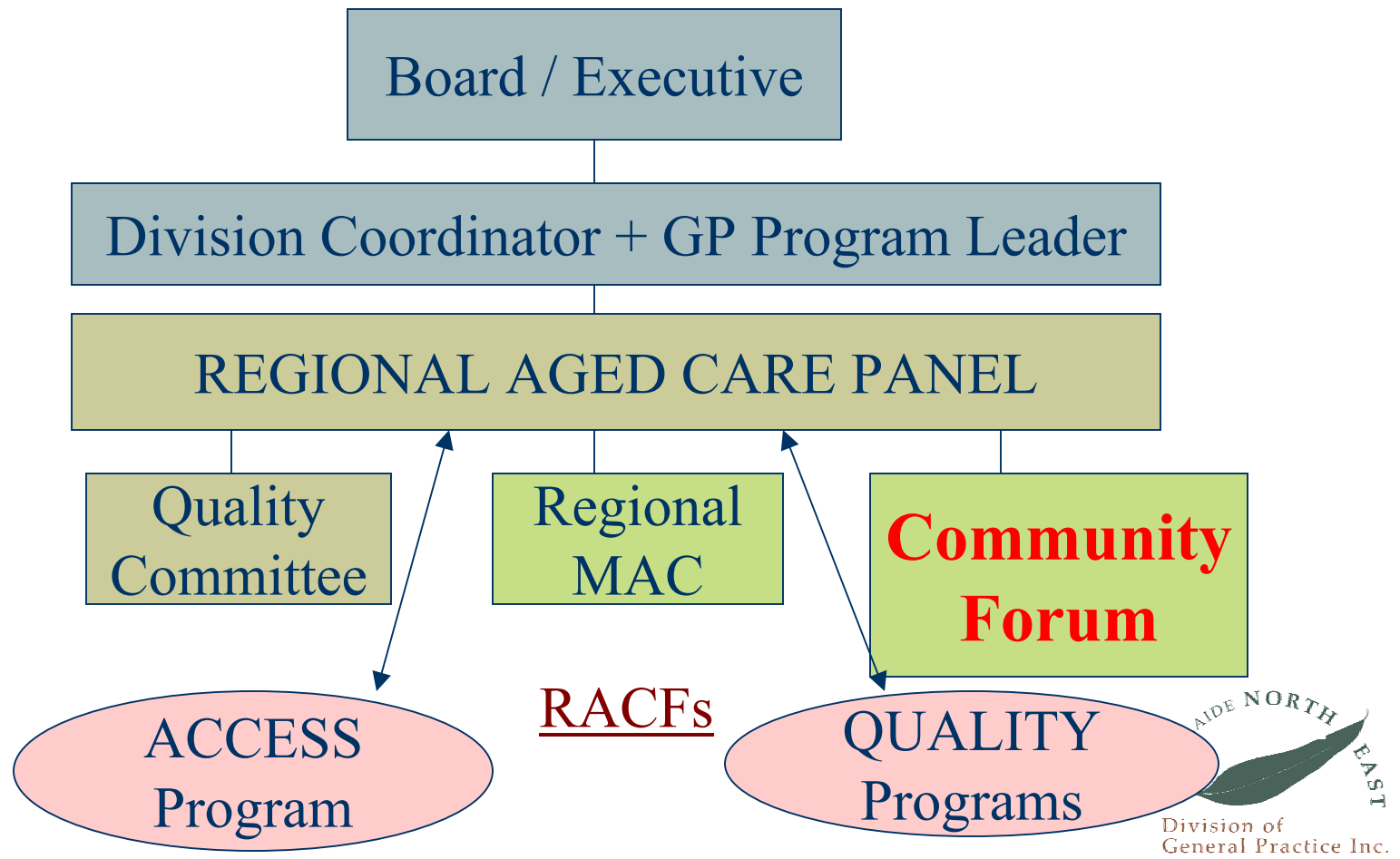
Regional Medication Advisory Committee (MAC)



Regional MAC

- ◆ **Quality and safety in medication activities**
– to include the GP / hospital / RACF interface
- ◆ **GP x3 (funded), Divisional facilitator, pharmacy x 2 (currently), RACF x14 (currently active), Univ of SA Pharmacy, other community providers x 5 (currently)**
- ◆ **Meet 4 – 6 x a year for 2 hours**

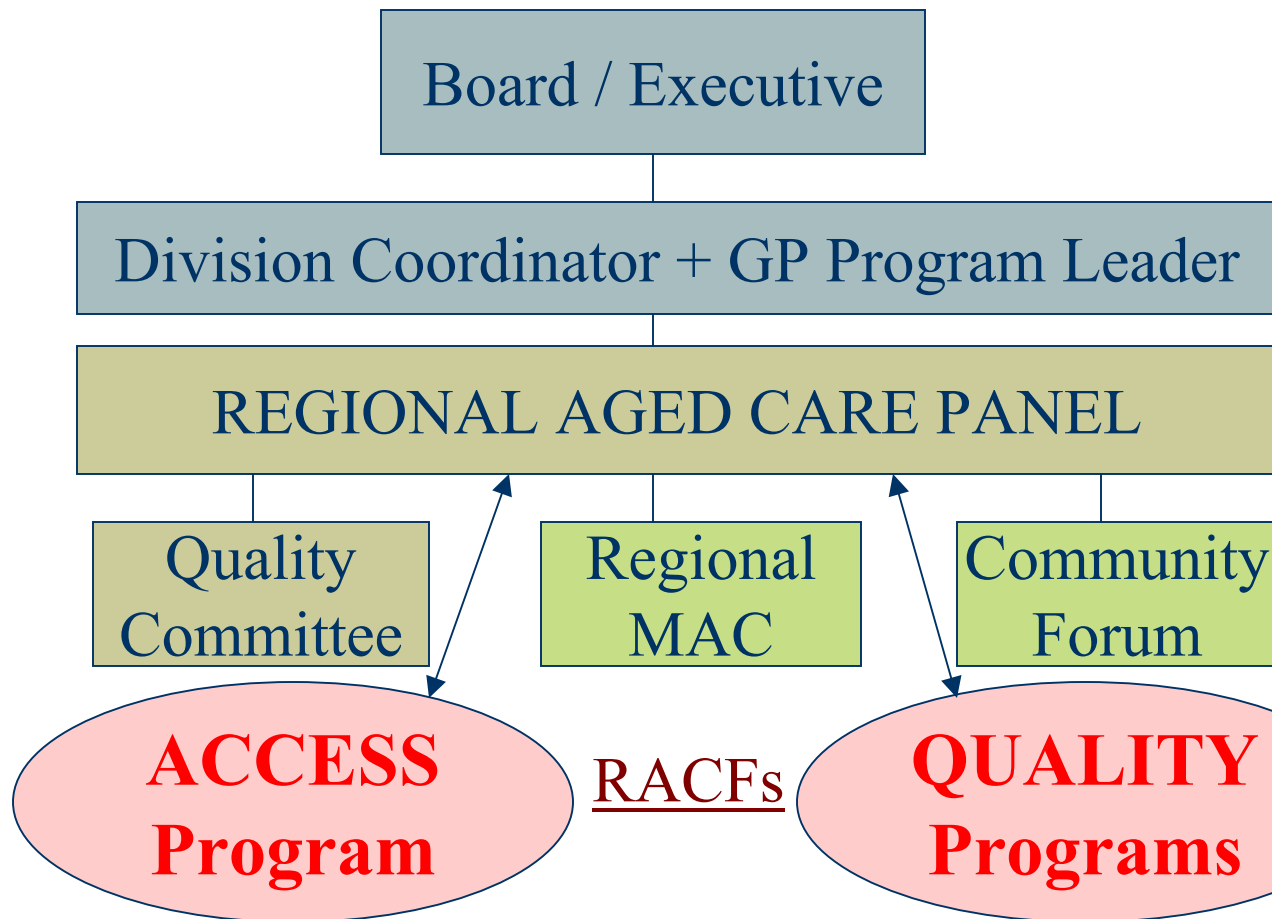
Community Forum



Community Forum

- ◆ **Broad representation RACF / wide range of services and service providers /GPs.**
- ◆ **Opportunity to raise broader issues for joint activities.**
- ◆ **Facilitator, GPs x3, RACFs, locum service, RDNS, Alzheimer's Assoc, hospital, Carelink, Carer Respite Centre, community et al**
- ◆ **Meet 2x a year for 3 hours**

Local Residential Program



at each RACF

GUARANTEED ACCESS to a GP

- ◆ **Annual RETAINER to 2 or 3 GPs per RACF to take on new patients without a GP**
- ◆ **Approx \$300.00 p.a.**

GP INPUT into QUALITY ACTIVITIES

- ◆ **Activities like local MAC, Quality Committees etc**
- ◆ **6 hours (@ \$110/hr) p.a. per RACF**

In this model...

- ◆ **Regional activities will support local activities and vice versa.**
- ◆ **Aged Care Newsletter / Fax key communication tool**
- ◆ **>75% of GP funds will be spent at the local RACF level**
- ◆ **? Support more GPs to take up aged care**

It's a joint effort...

- ◆ **Working with other Divisions in Adelaide to consider the concept of a consortium**
- ◆ **Benefits of a joint approach**
- ◆ **The Division continues to be fund broader aged care activities from core funding to enhance this program**

Summary

- ◆ **Comprehensive program for \$'s**
- ◆ **Should strengthen GP-RACF interface**
- ◆ **GPs won't be getting rich**
- ◆ **Value for money**
- ◆ **Hopefully the patients will benefit most**

Taking Action

- ◆ **To achieve the aims of this initiative we need to work together to address the underlying issues of workforce and remuneration.....**

Taking Action

- ◆ That's the challenge.....