GP Engagement Guide for Residential Aged Care

Supporting General Practitioners in Residential Aged Care Homes

The aim of this checklist is to better enable RACHs and their staff to engage with visiting GP's. The checklist is designed to foster and nurture strong collaborative relationships between RACHs and GPs, thereby addressing some of the challenges GPs encounter when providing care to RACH residents. [1]

Your visiting General Practitioners play a crucial role in overseeing the health and wellbeing of your residents. In addition to assessing and diagnosing medical conditions, these practitioners are the primary medical care providers for residents, supporting the transition of care into RACHs and monitoring the progress of their patients. Establishing effective communication with them is imperative for the seamless management of resident care.

With the increasing use of telehealth in primary health care, prioritizing discussions on the preferred communication method of your general practitioners is a valuable strategy for fostering a robust and collaborative relationship with your GPs.

Completing this document can also aid your facility in accumulating evidence of ongoing quality improvements in accordance with Aged Care Standards.

How does this checklist align with the Aged Care Quality standards?

Completion of this activity can be counted as quality improvement and evidence that the facility is working to improve clinical care and human resources according to standard 3 and standard 7 of the Aged Care Quality Standards. Completion of this tool demonstrates that the facility is working towards enhancing the following Aged Care Quality Standards:

- Standard 3, specifically Requirement (3)(f) Timely and appropriate referrals to individuals, other organizations and providers of other care and services.
- Standard 7 specifically Requirement (3)(a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
- Standard 7 specifically Requirement (3)(d) The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

[1] The following CESPHN checklist has been adopted from RACGP standards for general practice in residential aged care 1st edition and offers guidance on how your RACH can actively support visiting GPs at your facility.

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CESPHN GP Engagement Checklist

Communication and Onsite Support for GPs	
GPs find it easier to work in RACHs that are well-organised, where they feel supported during their visits, and where they have built strong relationships with the nursing staff in coordinating patient care. When facilities and GPs have a good understanding of each other's routines and communication preferences, and have arrangements in place to facilitate routine visits, it supports quality care and helps GPs by alleviating some of the time burden challenges.	
☐	Our RACH has established pre-arranged routine visiting times with our GPs, so they are visiting at mutually convenient times, and the residents are informed and available when the GP is attending.
☐	Our RACH discusses and agrees on communication preferences with GPs, which are documented, can be easily accessed, and are followed by our staff.
☐	Our RACH has a car space available for GPs and has provided regular GPs with access codes for the building and any secure wings, as well as a map of the floor(s), to help alleviate the time burden of visits on GPs.
☐	Our RACH has a clinical team member available during regular GP visits, that is familiar with the resident's condition and care needs and is available to discuss diagnosis and management of condition(s) with the GP.
☐	Our RACH supports effective clinical handover by providing current health information including reason for GP visit, health summary, medication chart, observation notes and advance care plan where appropriate.
☐	Our RACH supports GPs when communicating with a resident's carer(s), guardian(s) or family member(s) by having up-to-date care plans available, and evidence of discussions relating to goals of care.
☐	Our RACH ensures there is a dedicated appropriate consultation space and treatment space for GPs and provides basic equipment for GPs to carry out general assessment and treatment
Are there any gaps or opportunities for improvement in our RACH approach?	
What actions can we take to address this?	

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Working in partnership with GPs	
Having collaborative care arrangements in place between the GP and RACH ensures residents have continuity of care, access to safe and timely quality care and has the potential to prevent avoidable hospital admissions. GPs are more likely to work with RACHs where there is lower staff turnover, and well-trained clinical staff and support staff. Facilitating opportunities for care conferences promotes education and knowledge sharing, mutual understanding and can lead to improved health outcomes for residents.	
☐	Our RACH has procedures in place to manage the transfer of relevant clinical and associated information including Advance Care Directives for new residents to ensure timely and effective handover from hospital and/or resident's usual GP.
☐	Our RACH has a multidisciplinary care plan in place (including allied health care provision) for each resident that has been developed with the resident's GP and is reviewed and updated regularly. The GP is advised whenever there is a change to the resident's health and their care plan.
☐	Our RACH has collaborative arrangements with the GPs providing services in the facility, including arrangements for urgent and after-hours care so that residents have access to appropriate care around the clock, every day of the week.
☐	Our RACH keeps the resident's GP informed in a timely manner when an emergency transfer to hospital has occurred and ensures any discharge summaries received from the hospital are provided to the resident's regular GP and stored in the resident's health record.
☐	Our RACH keeps records when a resident is seen by another health professional including the reason why, event summary, as well as test or investigation results. These details are sent to the regular GP and are stored in the resident's health record.
☐	Our RACH has a triage process in place that staff follow to appropriately deal with emergencies and conditions needing urgent medical attention. This includes arrangements for communicating with the resident's regular GP in accordance with the urgency of the situation and the resident's advance care plan.
☐	Our RACH facilitates case conferences with the resident's GP, the resident, and the resident's guardian(s)/carer(s) upon the resident's admission to the facility and when clinically appropriate to collaborate in planning and managing the resident's care.
☐	Our RACH has equipment that supports the provision of comprehensive care, including: electrocardiogram, automated external defibrillator, and access to a spirometer.
☐	Our RACH ensures privacy and confidentiality of residents during consultations through having a dedicated consultation and treatment space for GPs when they visit, as well as privacy screens, and policies and processes for maintaining resident privacy and confidentiality.
Is there anything missing or anything our RACH could do better?	
What actions can we take to address this?	

Digital Health Capability	
Building your facility's digital health capability improves access to care and can help address some of the barriers deterring GPs from seeing residents in-person, including frustrations with IT infrastructure and clinical software, and time burden. My Health Record (MHR) is a secure and convenient way to share health information, including vaccination and immunisations, allergies, medications, pathology and radiology results, and shared health summaries. It is an important method for improving care and facilitating information flow between care providers, reducing duplication and risk, and promoting consistent quality care over a resident's healthcare journey.	
☐	Our RACH has telehealth facilities readily available for residents, their carer(s)/family member(s) and their care team and our staff are trained in how to use equipment.
☐	Our RACH has an electronic health records system in place for all residents, where discharge summaries, specialist reports and medical appointments are documented, and can be readily accessed by the GP and RACH care team.
☐	Our RACH support GPs with online/remote access to document notes electronically and chart medication in the resident's electronic medical record.
☐	Our RACH is registered for MHR and is participating in MHR training modules for RACHs. MHR is the preferred system for sharing resident's clinical information with health care team and between various health care providers and for storing/accessing resident's advance care planning and goals of care documents.
Is there anything missing or anything our RACH could do better?	
What actions can we take to address this?	

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Governance and Risk	
RACHs are encouraged to enhance clinical governance at their facilities by actively involving General Practitioners in discussions related to quality care. Consider discussing with your GP their interest in assuming a more prominent role in collaboration with the RACH. Many GPs have expressed a desire to actively contribute to the development and updating of care protocols, demonstrating a willingness to work closely with RACH facilities in this capacity. Taking steps to manage and address risks and undertake contingency planning helps facilities deal with situations where the residents' access to primary care is compromised (for example when their regular GP is not available, or a GP retires or stops working with the facility).	
☐	Our RACH involves regular GPs in the clinical governance of our facility and in discussions about quality care (and compensates the GPs for their time accordingly).
☐	Our RACH has arrangements in place when the resident's regular GP is not available, which may include the resident nominating a second GP in instances where their preferred GP is unable to see them.
☐	Our RACH works to develop relationships with local general practices.
☐	Our RACH undertakes contingency planning and has a risk management plan in place that identifies, analyses, and manages risks associated with GP workforce shortages and inadequate access to primary care for our residents.
☐	Our RACH regularly explores and considers new workforce models to attract and retain GPs at our facility.
☐	Our RACH undertakes long-term planning and considers incentives to retain and attract GPs to work in our facility.
Is there anything missing or anything our RACH could do better?	
How can we address this?	

To access support from CESPHN's Aged Care team contact us at:

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