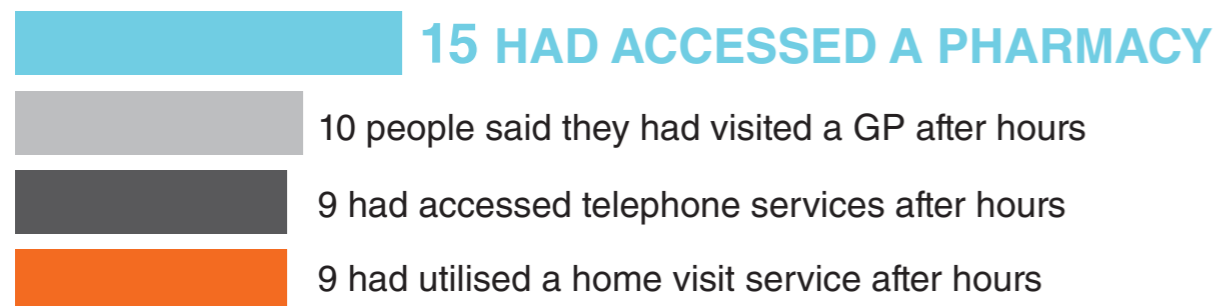


AFTER HOURS ON THE GOLD COAST

85% OF CAC MEMBERS HAVE ACCESSED THE HOSPITAL EMERGENCY ROOM AFTER HOURS

Other services accessed AFTER HOURS ...



CAC MEMBERS ALSO ACCESSED AFTER HOURS SERVICES FROM GPs WHO WERE NOT THEIR PREFERRED/USUAL PRACTITIONERS

Future GCPHN priorities for after hours were ranked as:

- 1 Investigating provision of after hours support for mental health
- 2 Reviewing of GCHHS ED presentation data on avoidable admission to identify potential solutions
- 3 Exploring partnerships with GCHHS to support Palliative care in RACFs

CAC MEMBERS ALSO SUGGESTED EXPLORING: Improving access to allied health services after hours * Investigating use of mental health nurses after hours to assist in situations that are not yet crisis, but that may escalate without support * Ability to obtain repeat scripts after hours.

FACTORS THAT INFLUENCED PEOPLE'S CHOICE OF AFTER HOURS SERVICES:

- ✓ Most people chose their after hours service based on the urgency of their situation and GP availability
- ✓ 8 people mentioned convenience as a factor
- ✓ 8 said confidence in the service being able to assist
- ✓ 6 said the facilities available at the service (i.e. x-rays, testing)
- ✓ 5 said cost was a factor
- ✓ 4 said reputation

The **4** GCPHN recommendations for after hours were ranked by the CAC in order of priority. All four were viewed as high or very high priorities overall.

MOST IMPORTANT

1. Aged care emergency clinician
2. COPD after hours services
3. Mobile radiology service
4. Advanced health directives



SUGGESTIONS FROM CAC MEMBERS REGARDING THE FOUR GCPHN RECOMMENDATIONS WERE:

- ✓ Introduce advanced care directives to patients when they are diagnosed with chronic or debilitating disease such as dementia.
- ✓ Look at ability of radiology/pathology services already in the community to operate after hours to support those not being serviced by the mobile x-ray.

ADDITIONAL CONSIDERATIONS REGARDING THE FOUR GCPHN RECOMMENDATIONS WERE:

- ✗ Consideration needs to be made of older people living outside of RACFs.
- ✗ Consideration for people living in other types of supported accommodation.

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ADVANCED CARE PLANNING ON THE GOLD COAST

➔ **50%** OF YOU HAD HEARD OF ADVANCED CARE PLANNING

➔ **55%** OF CAC MEMBERS HAD HEARD OF ADVANCED CARE DIRECTIVES

➔ **20%** OF CAC MEMBERS HAD AN ADVANCED CARE DIRECTIVE PERSONALLY



SOME EXPERIENCES OF ACP and ACD FROM CAC MEMBERS:

- The majority of experiences were related to planning for older people.
- Feedback was that completing the process was complicated and took considerable time and support (from GPs, lawyers and family).
- Those who had been involved with ACP and ACD stated they would recommend it to others and were essential particularly for those who were elderly or had a chronic condition.



The top 3 benefits of advanced care planning and advanced care directives identified by the CAC were:

- 1** Documents individual wishes and provides peace of mind
- 2** Reduces stress and burden on loved ones
- 3** Provides a clear directive for decision making, informing health providers

The top 3 concerns raised in relation to advanced care planning and advanced care directives identified by the CAC were:

- 1** Inadequate information and support available to people undertaking the process
- 2** Uncertainty if it will be followed, potential for legal issues
- 3** Lack of awareness by community and health practitioners

WHAT ELSE DO CAC MEMBERS HAVE TO SAY ABOUT AFTER HOURS, ADVANCED CARE DIRECTIVES AND ADVANCED CARE PLANNING?

Ensuring patients are receiving quality care through after hours services is extremely important.

Advanced care planning and advanced care directives must be a well thought out process, therefore require time and support from a suitably skilled person.

GPs are the most trusted and preferred starting point, however they are already under pressure and are time poor. It makes sense for advanced care planning to be performed by multiple skilled health professionals (nurses, educators, social workers etc) to support people making informed decisions and reduce pressure on GPs.

The CAC said that the message should focus on the benefits to the individual patient - this appeals to consumers and health professionals.

CAC members also thought ACP could be promoted through:

- ✓ Posters in GP clinics
- ✓ Trained community educators
- ✓ Improve general knowledge through social media, newspapers and TV
- ✓ Make forms and information available with 'will kits'
- ✓ Put reminders on rates notices or other correspondence

How do you think Advanced Care Planning should be promoted?

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