## Gold Coast - Aged Care 2021/22 - 2023/24 Activity Summary View

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AC-EI - 1 - Commissioning early intervention initiatives to support healthy ageing



## **Activity Metadata**

Applicable Schedule \*

**Aged Care** 

**Activity Prefix \*** 

AC-EI

**Activity Number \*** 

1

**Activity Title \*** 

Commissioning early intervention initiatives to support healthy ageing

Existing, Modified or New Activity \*

**New Activity** 



## **Activity Priorities and Description**

Program Key Priority Area \*

**Aged Care** 

**Other Program Key Priority Area Description** 

Aim of Activity \*

#### Identified need:

- Recommendations from Royal Commission into Aged Care
- Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing or ability to manage their chronic conditions in the community
- Locally, the burden of chronic disease is associated with significant health needs. Key local health needs and services issues formally identified in the 2021 GCPHN Needs Assessment submitted to the Department of Health in December 2021 (see section 3.8 Chronic Disease, page 1) include:
- o Limited systems to support care coordination for people with a chronic condition.
- o Minimal focus on prevention, early identification, and self-management of chronic disease.
- o Rate of potentially preventable hospitalisations in the Gold Coast Primary Health Network region is above the national rate, top conditions included:
- o Urinary tract infections
- o Iron deficiency anaemia
- o Chronic obstructive pulmonary disease
- o Cellulitis
- o Vaccine preventable
- Rate of people in the Gold Coast Primary Health Network region with chronic obstructive pulmonary disease and asthma above the national rate.

#### Aim:

- Implementation of targeted interventions to prevent, identify and reduce chronic disease and health issues, avoid inappropriate hospital admissions, reduce premature entry into residential aged care and improve health outcomes for the elderly.
- Supporting collaborative approaches between multidisciplinary teams and primary care providers.
- Expanding existing healthy ageing programs where relevant.
- Educating primary health care providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports.
- Educating family members or carers on how to manage an older person's health.

#### **Description of Activity \***

#### Scoping:

- Data analysis to identify target groups in older people using Primary Sense™ and other relevant data sources
- Review of existing models of care
- Current management strategies in primary care for older persons

#### Service mapping:

- Identification of existing Health Ageing programs including chronic disease self management
- Community NGO support and services available
- Consumer resources and needs to improve self management for those with chronic diseases and their family/carers
- Identification of chronic disease prevention strategies/programs

#### Implementation:

- Trial the new model of care in a pilot group of general practices for a specific target group, to support early intervention activities, increased ability to self manage conditions, access to services at home
- Commission new, or expand, existing Healthy ageing programs and self management programs as determined appropriate
- Refine model of care after trial, and adapt for broader target groups
- Facilitate collaborative approach between multidisciplinary teams and primary care providers
- Development of resources, and provide education, for health professionals to support navigation and easier access to services available for older people
- Provide resources to support family members and carers to improve management of older person's health

#### **Needs Assessment Priorities \***

#### **Needs Assessment**

GCPHN Needs Assessment\_2021

#### **Priorities**

Priority	Page reference
Older People	241
Chronic Disease	170



## **Activity Demographics**

#### **Target Population Cohort**

Older People, primary health care providers, community based NGOs and healthy ageing program providers

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

#### Coverage

**Whole Region** 

Yes



## **Activity Consultation and Collaboration**

#### Consultation

- GCPHN committees:
- o Community Advisory Council (Consumers)
- o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
- o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)
- Gold Coast Health Aged Care Service providers, Health Pathways development team, Chronic Disease programs
- QLD Clinical Excellence Network: Older Persons Health
- Other PHNs
- o QLD Aged Care Collaborative
- General practice teams
- GCPHN internal teams:
- o Communications
- o Events
- o Data and reporting
- o Digital Health
- o Procurement
- o Other project team/s interacting with RACFs

- Department of Health Aged Care
- o GC Aged Care Regional Stewardship team
- Community NGO aged care service providers
- Gold Coast City Council Healthy ageing programs
- Consumer Peak Bodies

#### Collaboration

All of the above listed in stakeholder engagement consultation



## **Activity Milestone Details/Duration**

#### **Activity Start Date**

30/11/2021

## **Activity End Date**

29/06/2024

#### **Service Delivery Start Date**

July 2022

#### **Service Delivery End Date**

N/A

#### **Other Relevant Milestones**

Project initiation - Development of project scope - January to February 2022

Project planning - Project plan and Gantt approved, aged care engagement strategy endorsed - February to March 2022

Project execution - Project commencement, procurement strategy, contract development, model of care endorsed, communications strategy - April to December 2022

Project monitoring and control - Service commencement, monthly/quarterly reporting, participation in evaluation activities - January 2023 to June 2024

List of key project delivery milestone/s or decision gate/s - model of care developed, procured provider, practice agreements/contracts developed, project activity commencement

Project handover to Business-as-usual teams - integrate into primary health care improvement team activities for elements within scope for GCPHN as part of AWP for 2024/25 - June 2024

Project closure - Develop and submit project closure report, service decommissioning plan including maintenance strategy to support long term sustainability of project activities - May to June 2024



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes
Is this activity the result of a previous co-design process?
No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?
No
Has this activity previously been co-commissioned or joint-commissioned?

No
Decommissioning
No

**Decommissioning details?** 

Co-design or co-commissioning comments

N/A

N/A



# AC-VARACF - 1 - Support RACFs to increase availability and use of telehealth care for aged care residents



## **Activity Metadata**

Applicable Schedule \*

**Aged Care** 

**Activity Prefix \*** 

**AC-VARACF** 

**Activity Number \*** 

1

**Activity Title \*** 

Support RACFs to increase availability and use of telehealth care for aged care residents

Existing, Modified or New Activity \*

**New Activity** 



## **Activity Priorities and Description**

Program Key Priority Area \*

Aged Care

Other Program Key Priority Area Description

#### Aim of Activity \*

Identified need:

- Timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACFs, that in some cases can lead to potentially preventable hospitalisations. RACFs require adequate telehealth facilities to support access to virtual consultations for their residents
- Recommendations from Royal Commission into Aged Care

Aim:

- Participating RACFs have access to appropriate telehealth facilities and equipment to enable their residents to virtually consult, when needed, with their primary health care professionals, specialists and other clinicians. The facilities and equipment provided should be compatible with most existing virtual consult technology used by providers in GCPHN region and complies with recognised telehealth standards.
- Participating RACF staff are appropriately trained to build their capability to enhance access to virtual consultations for their residents
- Participating RACF staff have access to use My Health Record and secure messaging, and are appropriately trained to increase capability to provide timely transfer of resident's health care information between RACF, primary and acute care settings.
- Systems implemented in RACFs compliments other state or national initiatives to improve technological interoperability between the aged care and health systems

#### **Description of Activity \***

The 'Support RACFs to increase availability and use of telehealth care for aged care residents' project will require extensive stakeholder engagement with a range of consultation and co-design activities to inform project scope including:

- Assessment of baseline use and skill set of RACF staff in digital health platforms, including telehealth systems and My Health Record registration status
- Identification of the barriers to uptake of telehealth systems and resources required to facilitate project outcomes
- Broad stakeholder engagement with:
- o GCPHN's key advisory groups (i.e. Consumer Advisory Council, Primary Health Care Improvement Committee, Clinical Council and Primary Care Partnership Council)
- o RACFs (approach will be to engage executive level support where possible)
- o General practice (in particular those that provide services to RACFs residents)
- o PHNs in QLD and nationally where appropriate to ensure synergies of scale in shared learning and project development activities o Relevant peak bodies (including consumer advocacy groups)
- o Gold Coast Health
- o Australian Digital Health Agency
- In consultation with other PHNs, develop a procurement strategy for identified requirements to support project outcomes including:
- o Equipment/resources
- o Training packages
- o Resources to support ongoing training for new staff
- · Support RACFs to register and provide training on use for My Health Record and provide training on use
- Review/develop availability of training guides for RACF staff in consultation with the Australian Digital Health Agency and RACF staff
- Promotion of electronic medication management in RACFs (through use of electronic National Residents Medication Charts eNRMC)

## **Needs Assessment Priorities \***

#### **Needs Assessment**

GCPHN Needs Assessment\_2021

#### **Priorities**

Priority	Page reference
Older People	241



## **Activity Demographics**

#### **Target Population Cohort**

Residents living in RACFs; staff working in RACFs

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

#### Coverage

**Whole Region** 

Yes



## **Activity Consultation and Collaboration**

#### Consultation

- GCPHN committees:
- o Community Advisory Council (Consumers)
- o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider) o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)
- Gold Coast Health Aged Care Service providers, SPACE project team and Digital Health transformation team
- Wound Management Pilot in RACFs Service provider for project
- · Australian Digital Health Agency
- Other PHNs
- o QLD Aged Care Collaborative
- RACF executives and staff
- GCPHN internal teams:
- o Communications
- o Events
- o Data and reporting
- o Digital Health
- o Procurement
- o Other project team/s interacting with RACFs
- Department of Health Aged Care
- o GC Aged Care Regional Stewardship team
- Consumer Peak Bodies

#### Collaboration

All of the above listed in stakeholder engagement consultation



## **Activity Milestone Details/Duration**

## **Activity Start Date**

30/11/2021

**Activity End Date** 

29/06/2024

**Service Delivery Start Date** 

#### **Service Delivery End Date**

#### **Other Relevant Milestones**

Project initiation - Development of project scope - January to February 2022

Project planning - Project plan & Gannt approved, and aged care engagement strategy endorsed - February to March 2022

Project execution - Project commencement, procurement strategy, contract development, implementation plan, communications strategy - April to October 2022

Project monitoring and control - Service commencement, monthly and quarterly reports, participation in any evaluation activities - October 2022 to June 2024

Project closure - Project completion report, policy and procedure manual for telehealth and MHR use in RACFs - January to June 2024



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** No **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning** 

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

It is proposed that GCPHN will work collaboratively with QLD PHNs to design and commission identified requirements to support project implementation.



## AC-AHARACF - 1 - Enhanced out of hours residential aged care



## **Activity Metadata**

Applicable Schedule \*

**Aged Care** 

**Activity Prefix \*** 

**AC-AHARACF** 

**Activity Number \*** 

1

**Activity Title \*** 

Enhanced out of hours residential aged care

Existing, Modified or New Activity \*

**New Activity** 



## **Activity Priorities and Description**

Program Key Priority Area \*

Aged Care

Other Program Key Priority Area Description

#### Aim of Activity \*

Identified need:

- RACF residents can experience deterioration in their health during the after-hours period, but immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals, including Gold Coast Health services, leads residents to unnecessary hospital presentations. RACF staff confidence and experience is often lower in after hours period.
- Recommendations from Royal Commission into Aged Care

#### Aim:

Participating RACFs:

o will be able to develop, maintain and implement individualised after-hours management plans, in line with residents' wishes o will be aware of after-hours health care options and referral pathways and utilise these when appropriate o will develop and embed procedures to ensure residents' digital medical records are kept up to date, particularly where an after-hours episode of care occurs to support appropriate clinical handover and continuity of care o will work collaboratively with their resident's GPs, and other health care professionals, to develop/review and update after-hours action plans as required

Description of Activity \*

#### Scoping:

- Service mapping of existing after-hours referral pathways and services
- Assess RACF staff level of knowledge of after-hours care options and current management plan development status
- Scope availability of appropriate after- hours management plan templates and organisational procedures, to embed and sustain this process
- Identify enablers and barriers to develop after-hours management plans and potential solutions
- Work with after-hours service providers to assess enablers and barriers to support after-hours management plans implementation

Activity implementation:

- Broad stakeholder engagement with RACFs, key providers and other stakeholders
- Support development of after-hours management plan template
- Promote completion of Advance Care Plans for all residents of RACFs
- Work with participating RACFs to develop a robust governance structure to support activity implementation to embed and support sustainability
- Work with participating RACFs to develop a quality improvement tool kit to implement this activity as a legacy of the project

#### **Needs Assessment Priorities \***

#### **Needs Assessment**

GCPHN Needs Assessment\_2021

#### **Priorities**

Priority	Page reference
After Hours	67
Older People	241



## **Activity Demographics**

#### **Target Population Cohort**

Residents living in RACFs; staff working in RACFs, general practitioners, after hours service providers, Gold Coast Health, Queensland Ambulance Service

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

## Coverage

**Whole Region** 

Yes



## **Activity Consultation and Collaboration**

#### Consultation

- GCPHN committees:
- o Community Advisory Council (Consumers)
- o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider) o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)
- Gold Coast Health Aged Care Service providers, SPACE project team and Digital Health transformation team
- Australian Digital Health Agency
- Other PHNs
- o QLD Aged Care Collaborative
- RACF executives and staff
- GCPHN internal teams:
- o Communications
- o Events
- o Data and reporting
- o Digital Health
- o Procurement
- o Other project team/s interacting with RACFs
- Department of Health Aged Care
- o GC Aged Care Regional Stewardship team
- Consumers and relevant Peak Bodies
- General practices/practitioners that service RACF residents
- Queensland Ambulance
- After Hours medical service providers

#### Collaboration

All of the above listed in stakeholder engagement consultation



## **Activity Milestone Details/Duration**

#### **Activity Start Date**

30/11/2021

#### **Activity End Date**

29/06/2024

#### **Service Delivery Start Date**

#### **Service Delivery End Date**

#### **Other Relevant Milestones**

Development and project scope - January to February 2022

Project plan & Gantt approved, and aged care engagement strategy endorsed - February to March 2022

Project commencement, procurement strategy, contract development, implementation plan, communications strategy - April to

November 2022

Service commencement/resource launch, monthly and quarterly reports, participation in any evaluation activities - November 2022 to June 2024

Project completion report on Enhance out of hours residential aged care - January to June 2024



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** No **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?** 

N/A

**Co-design or co-commissioning comments** 

N/A