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Gold Coast Primary Health Network

Residential Aged Care Home Event

Welcome and Housekeeping

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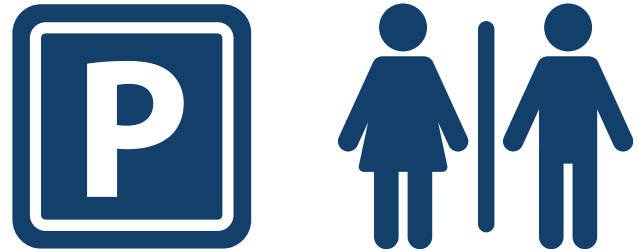
- Exits
- Toilets
- Mobile phones
- Parking



GCPHN Privacy Policy

Personal details collected on arrival will be used for the purpose of recording your attendance and communicating with you about this event/training and may be shared with our partnering organisations: *the Australian Digital Health Agency, Change Futures, Gold Coast Public Health Unit and the National Telehealth Training Working Group* in line with our Privacy Policy.

Our Privacy Policy can be viewed on our website: gcphn.org.au For a printed copy of our Privacy Policy, please make yourself known to one of our staff members.

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Acknowledgement to Country

Artist: NARELLE URQUHART, WIRADJURI WOMAN

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

01

Introduction and Welcome

8:30 am – 9:00 am

Sharon Pepper

02

Change Futures Bereavement Showcase

9:00 am – 10:00 am

Lynda Carnew

Morning Tea

10:00 am – 10:30am

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03

GCPHU Influenza Season Preparation and COVID-19 Booster Information

10:30 am – 11:30 am

Fiona Vosti and Shani Rupasinghe

04

COVID-19 Booster Support

11:30 am – 12:00 pm

Sharon Pepper

Lunch

12:15 pm – 12:45 am

05

Telehealth Training Information

12:45 pm – 1:45 pm

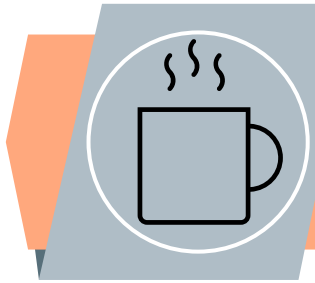
Aleksandar Stojkovski

06

MyMedicare: Introduction to Voluntary Patient Registration and GPACI

1:45 pm – 2:45 pm

Sharon Pepper



Afternoon Tea

2:45 pm – 3:15 pm

07

My Health Record in Aged Care

3:15 pm – 4:15 pm

Aleksandar Stojkovski

What is a Primary Health Network (PHN)

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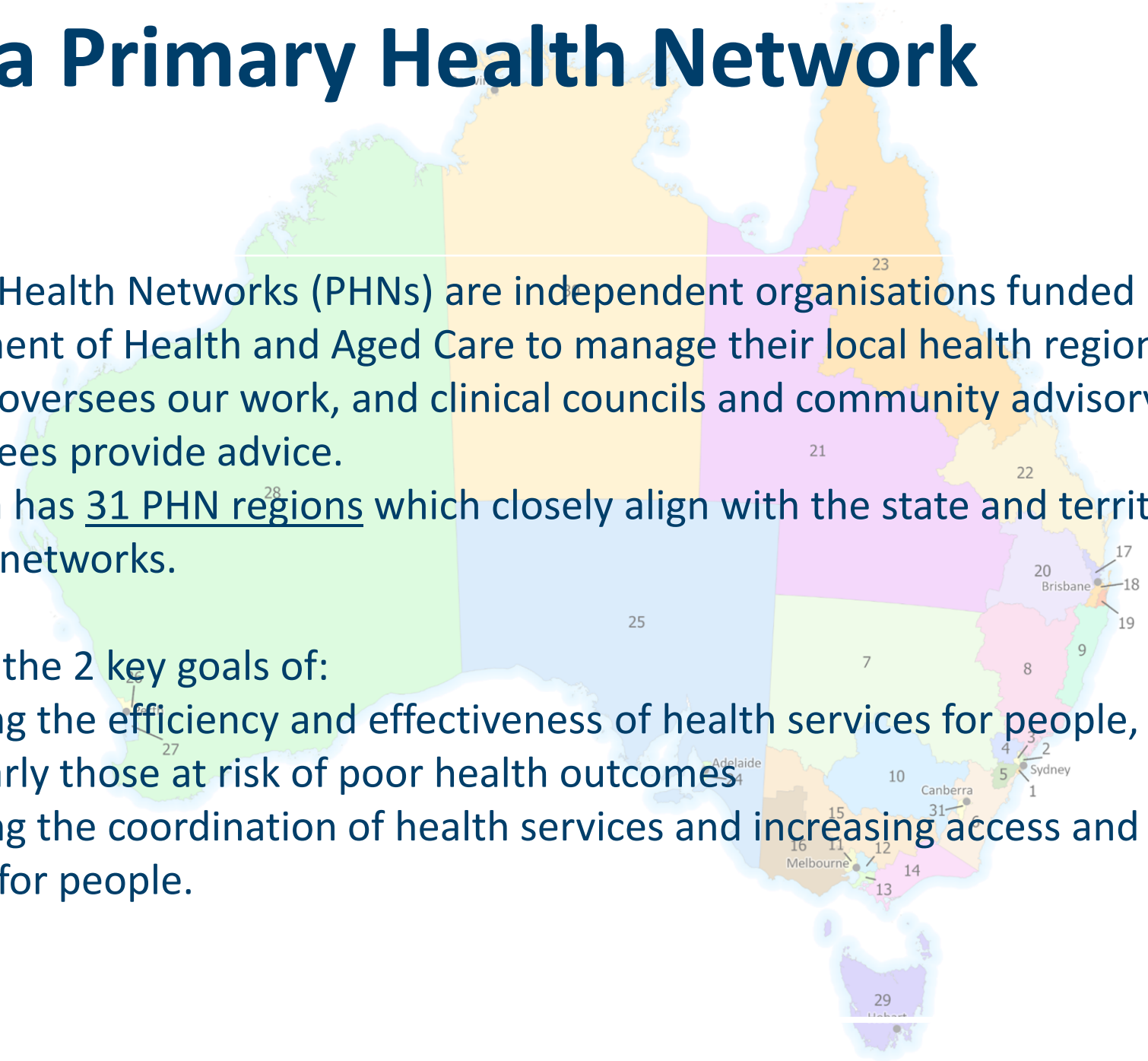
- Primary Health Networks (PHNs) are independent organisations funded by the Department of Health and Aged Care to manage their local health regions.
- A board oversees our work, and clinical councils and community advisory committees provide advice.
- Australia has 31 PHN regions which closely align with the state and territory local hospital networks.

PHNs have the 2 key goals of:

- improving the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes
- improving the coordination of health services and increasing access and quality support for people.



What is a Primary Health Network (PHN)

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To achieve these goals, PHNs:

- assess the health needs of their region using a people-centred approach
- commission health services to meet the prioritised health needs of the people in their region
- work closely with providers to build health workforce capacity and ensure they deliver high-quality care
- connect health services for people to encourage better use of health resources and avoid duplication.

Because PHNs tailor health services to the needs of the community and take their own approach to connecting services, each region has a different model. But they are all guided by the national priorities set by the Australian Government.

Key Priorities

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PHNs manage all aspects of primary health care in their region. They tailor services to meet the individual needs of their communities, in line with priority areas set by the Australian Government. These are:

- mental health
- Aboriginal and Torres Strait Islander health
- population health
- health workforce
- digital health
- aged care
- alcohol and other drugs.

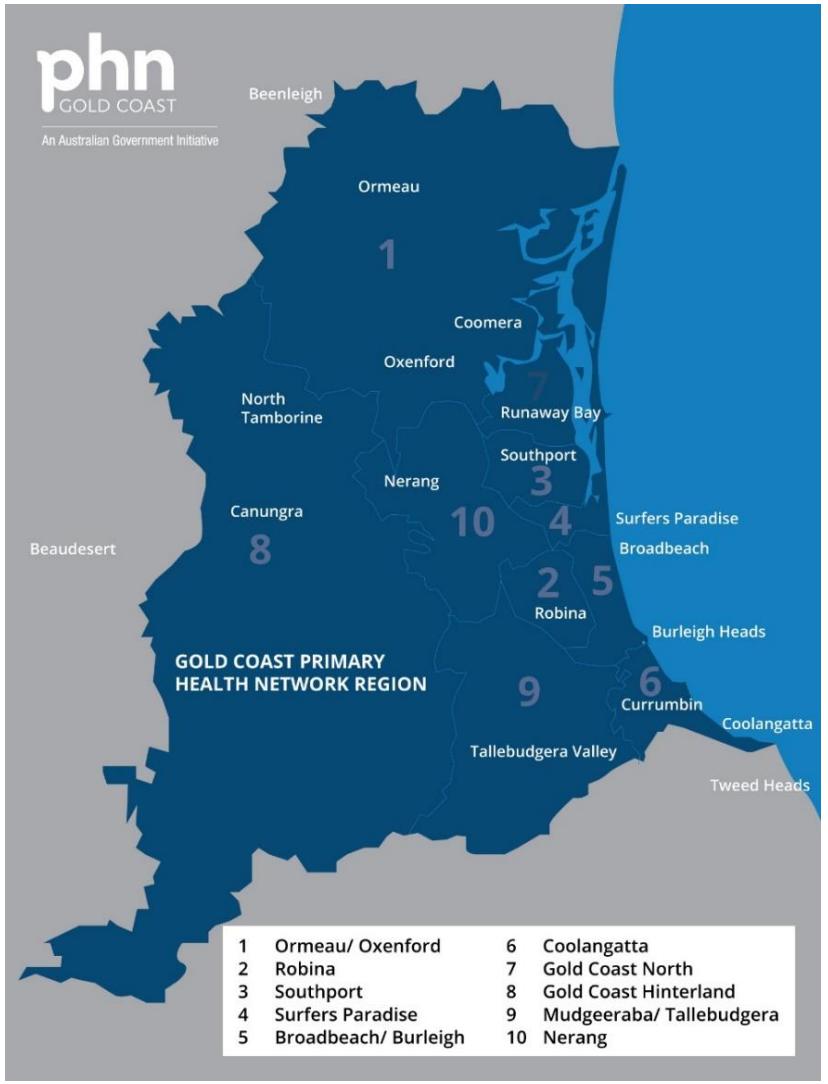
Gold Coast Primary Health Network

Who we are

Gold Coast Primary Health Network (GCPHN) is an independent not-for-profit company and one of the 31 PHNs established by the Australian Government on July 1, 2015 to identify the health needs of local communities, commission and improve primary health services, to keep people well and out of hospital.

GCPHN's vision is to:

"Build one world class health system for the Gold Coast"



What we do

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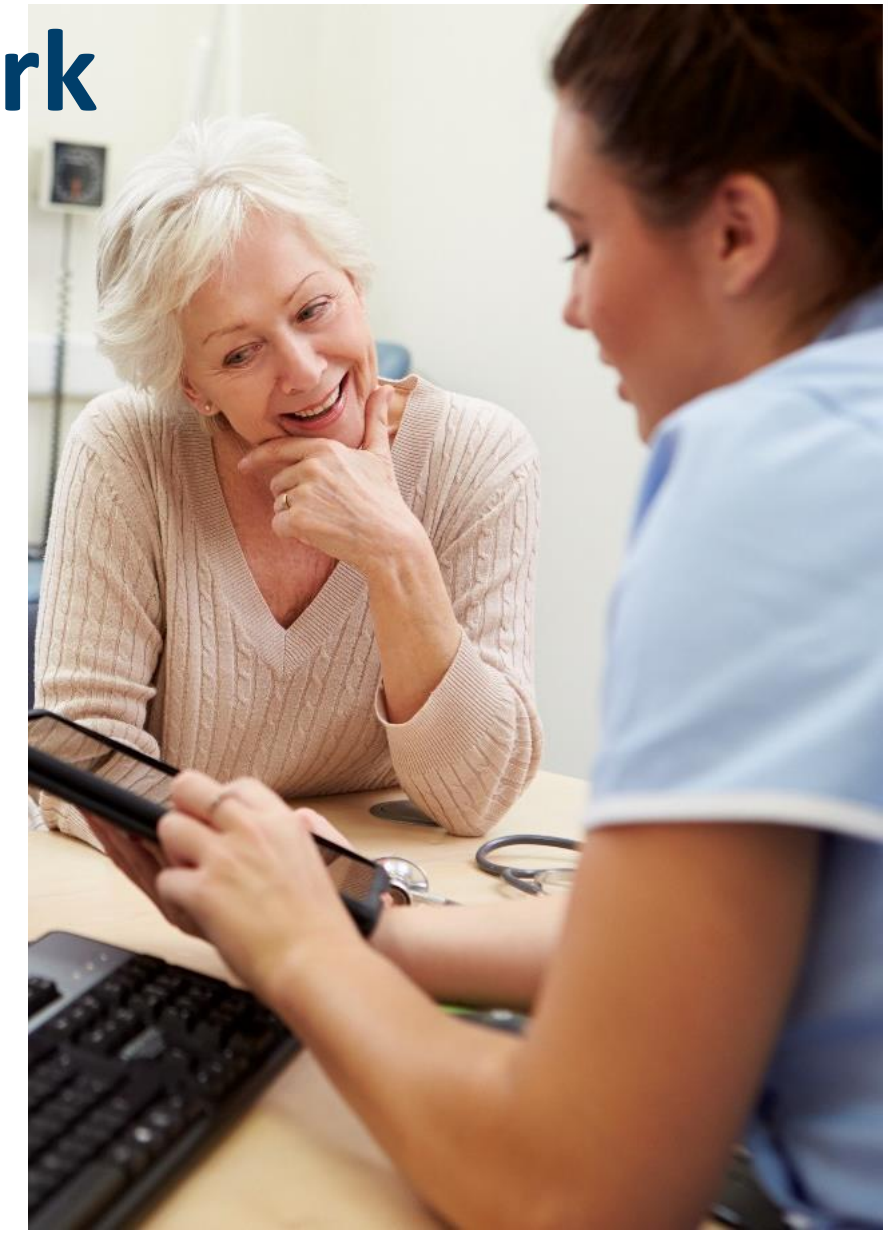
We work closely with public, private, and non-government organisations in the primary healthcare sector and across the acute care sector to improve the health and well-being of the Gold Coast.

Activities include:

- Identifying the health needs of local residents and designing solutions to meet those needs. eg. assessment, planning and establishment of new health services.
- Funding health organisations to provide local health services. eg. Medicare Urgent Care Clinic, Mental health Services, Suicide Prevention and persistent pain program.
- Helping the health system work better together for patients and families. This includes supporting health professionals including GPs, to improve the quality of patient care.

Our strategic Framework

- Improve coordination of care to ensure patients receive the right care, at the right place and by the right person.
- Increase efficiency and effectiveness of health services for patients particularly those at risk of poor outcomes.
- Engaging with stakeholders to Improve our Health system. Actively engage and advocate for general practice and other stakeholders to facilitate improvement in our local health systems.
- Be a high performing, efficient and accountable organisation.



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Our values

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SUSTAINABLE

Efficient, Effective, Viable

COLLABORATIVE

Partnerships, Integrated, Engaged

INNOVATIVE

Flexible, Pioneering, Evolutionary

ACCOUNTABLE

Respect, Responsible, Outcomes

EVIDENCE-BASED

Research, Documenting, Transparent

INFLUENTIAL

Visible, Valued, Courageous

Some of the current RACH projects and support underway at GCPHN

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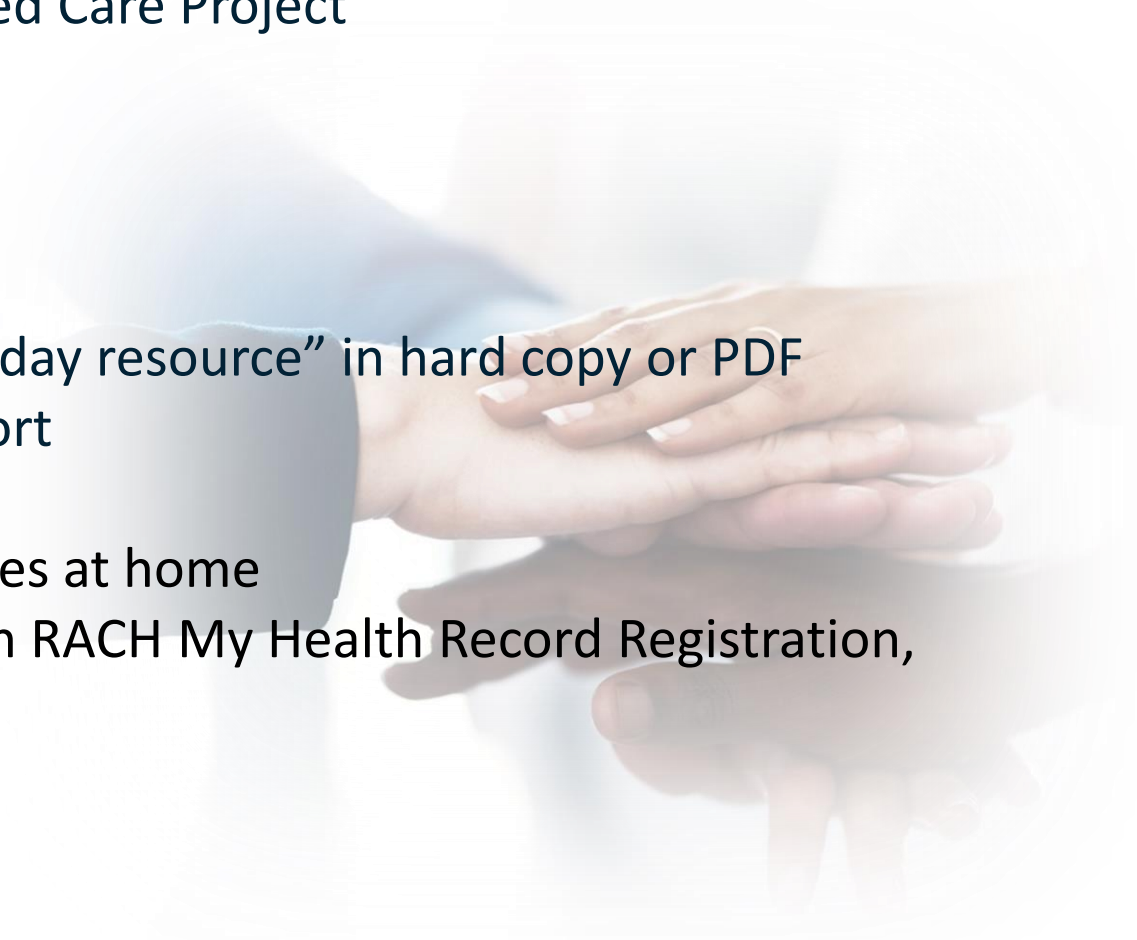
- Support RACHs to increase availability and use of telehealth care
- Enhanced After-Hours Support for Residential Aged Care Project
- Wound Training
- Dementia Resources
- Bereavement Support
- Care Finder
- Advance Care Planning – “Planning your future today resource” in hard copy or PDF
- Immunisation and COVID-19 booster clinics support
- MyMedicare Voluntary Patient Registration
- Providing greater choices for palliative care services at home
- Assisting the Australian Digital Health Agency with RACH My Health Record Registration, training and utilisation
- Dedicated GCPHN RACH monthly E-Newsletter



ChangeFutures

Showcase

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Ellie Hilton

Change Futures

Change Futures

phn GOLD COAST

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Bereavement

Supporting RACH staff coping with bereaved family members, bereaved coworkers and bereaved self

ChangeFutures

Heal the Past • Live in the Present • Change the Future

Agenda

Learning objectives

1. Learn signs to identify grief and loss of bereaved family members, coworkers and yourself.
2. Learn how to respond to those experiencing grief and bereavement.
3. Learn strategies to engage in effective and meaningful conversations.
4. Learn about available bereavement supports and networks for referral.

What is bereavement?

“Bereavement is the experience of losing someone important to us. It is characterised by grief, which is the process and the range of emotions we go through when we experience a loss.”

Mind.org; 2023

Reflection

Consider a resident who passed away recently or a colleague who left the workplace.

How did it make you feel?

Quick overview of grief

- There is no timetable for grief, however if symptoms last longer than a year it is considered “prolonged grief”.
- There can be multiple types of grief. Today’s session will be focusing on *anticipatory grief* and *disenfranchised grief*.

Anticipatory Grief

- Anticipatory grief occurs before the death of a loved one; when the bereaved is aware that someone they care about will die soon.
- Common for aged care for staff, residents and their families.
- Not widely understood, and can lead to feelings of shame or guilt.

How to manage anticipatory grief

- Acknowledge it
- Find someone to talk to (family, friend, social worker, psychologist/counsellor)
- Journal to record and process feelings
- Engage in meditation/relaxation exercises
- See GP if symptoms persist

Focus on the three foundations of mental well-being

Maintain a nutritious diet

Gentle exercise

Focus on sleep hygiene

Disenfranchised Grief

“Disenfranchised grief refers to the type of grief experienced by individuals when their loss is not recognised or validated by society, social norms, or others around them.”

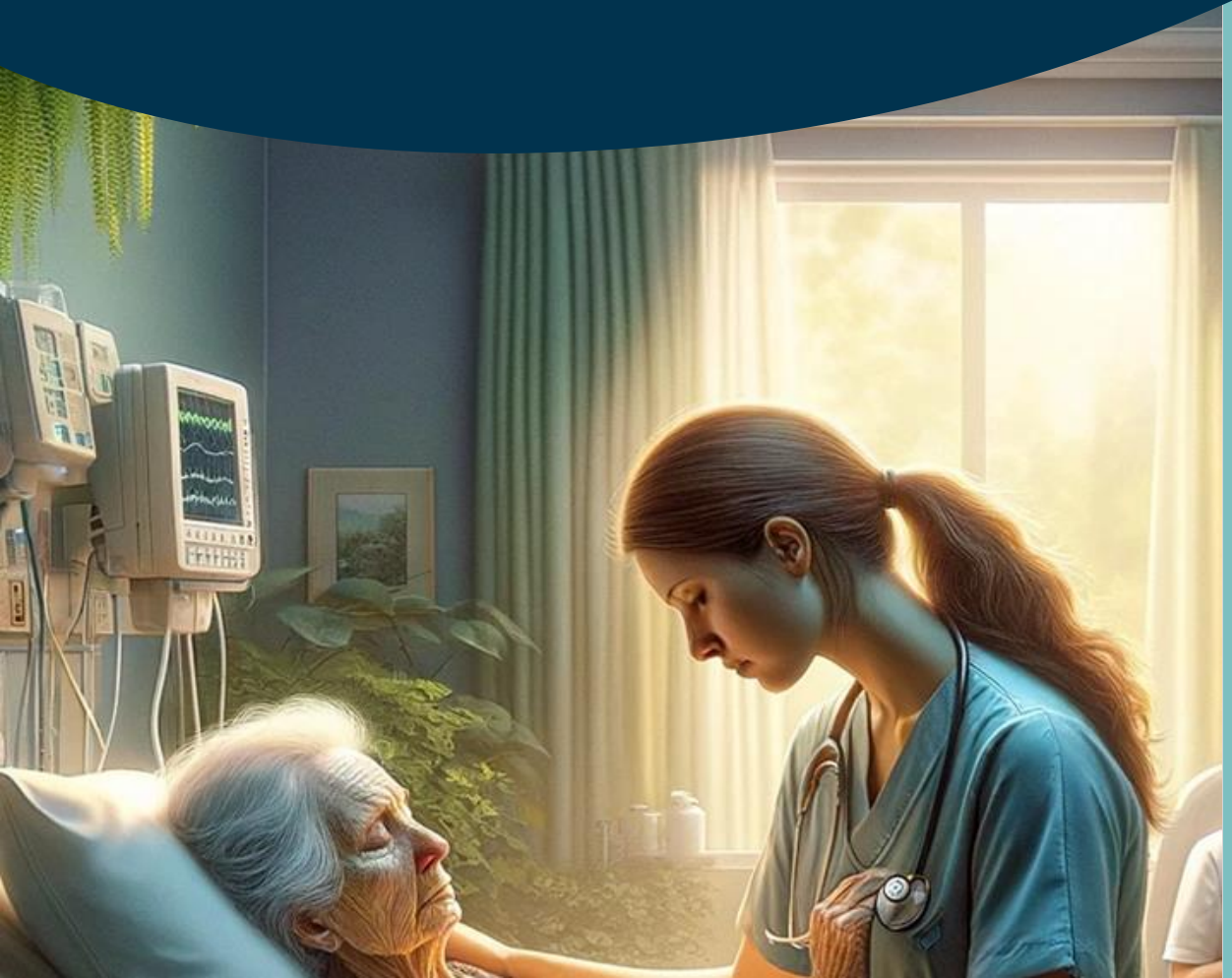
- Thriveworks Counseling 2024

- Might be not acknowledged as significant
- Individuals can feel isolated and unable to express their emotions openly
- May have a lack of social support
- May experience judgement; which can lead to shame
- Can lead to unresolved grief and prolonged grieving process
- May have difficulty finding closure

Managing disenfranchised grief

- Recognise, experience, and validate your feelings
- Seek support from people who are understanding
- Therapy or counseling
- Journaling
- Self-care practices
- Mindfulness and meditation
- Take the time you need to process the loss
- Accept your grief

Anecdotes for how others have ‘accepted their grief’



Sometimes when I walk out through the doors of a facility - I visualise them there and leave them there at peace.

Bereavement is quite different between expected and unexpected death. Important to acknowledge and accept, debriefing is good with staff at facility.

Reflection

How does your facility mark the death of a resident?

E.g., Is there a ritual or ceremony such as honour guard as the body leaves, lighting a candle, remembrance ceremony, marking the door with a special motif?

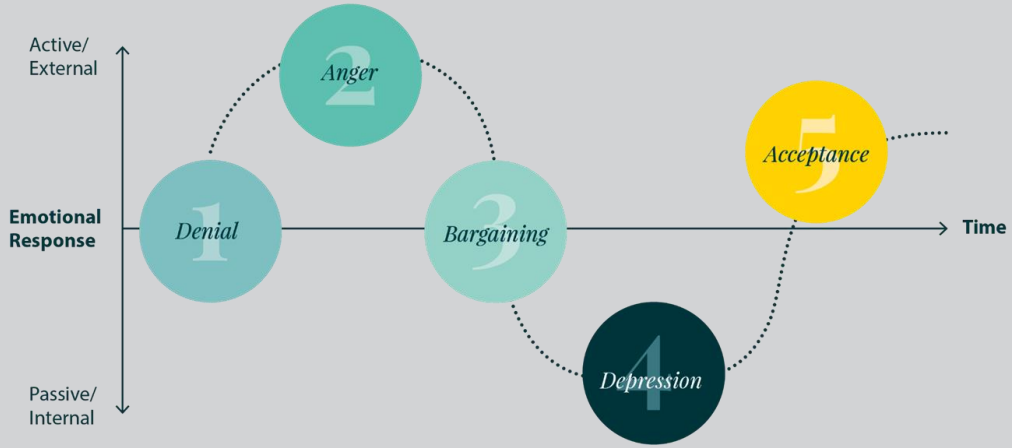
What ritual or ceremony would you find helpful in acknowledging and processing the loss of a resident?

What do you do to mark the death of a resident?

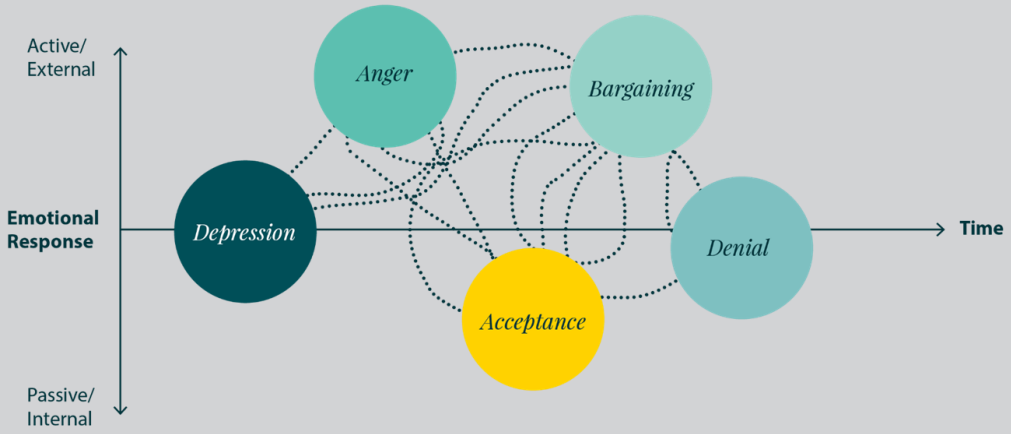
What does grief look and feel like?

- Grief can look and feel different to everyone.
- Stages of grief are not linear,
  and we can experience multiple stages at once.
- Grief can reappear at certain times
  (birthdays, anniversaries, holidays)

The 5 stages of grief

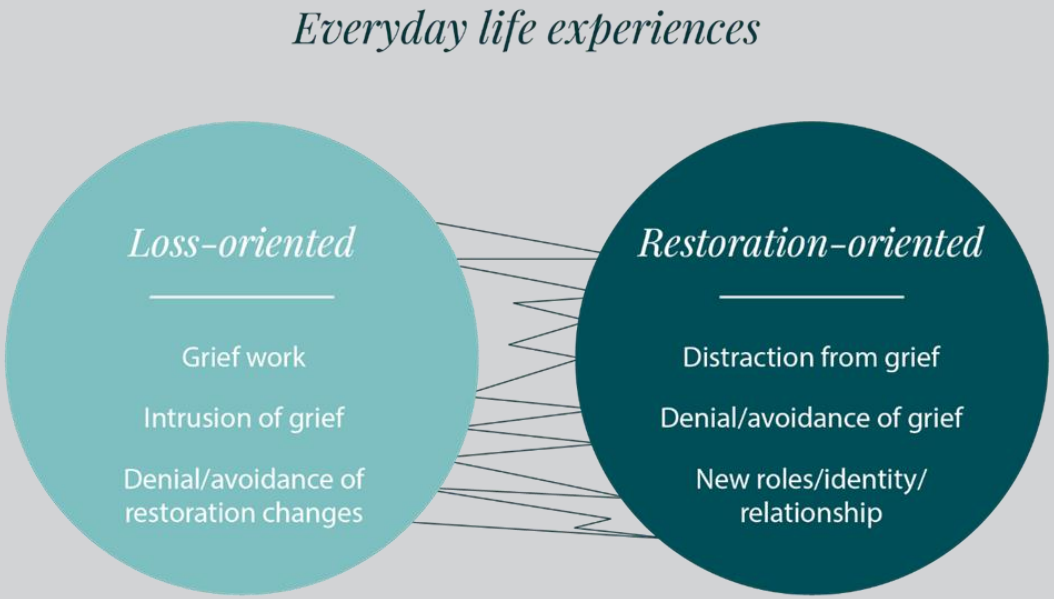


The experience



What does grief look and feel like?

The *dual process model of grief* describes the **healthy** and **normal** process in grief whereby the individual at times "confronts", and other times "avoids" different tasks of grief.



The Dual Process Model of Coping with Bereavement: Rationale and Description, Death Studies 23:3 197-224

What does grief look and feel like?

Feelings: shock, sadness, anger, disbelief, anxiety, panic, numbness, relief, low mood

Thoughts: confusion, difficulties concentrating, racing thoughts, dreams about deceased, thinking you're going "crazy", wishing you were dead too

Physical: difficulties sleeping, tiredness, loss of appetite, nausea, pain

Behaviours: disinterest in hobbies, isolating, over sleeping, dependence on alcohol/drugs, less talkative, verbally/physically lashing out, poor self care (not showering, brushing teeth, changing clothes etc.), becoming overbearing/controlling

How to identify bereavement in staff

- Experiencing low mood
- Anger/frustration
- Making mistakes at work
- Lower attendance
- Feeling fatigued
- Feeling disconnected from others
- Being distracted/difficulty concentrating
- Overworking/taking on too much
- Experiencing low motivation
- Feeling dazed
- Feeling less pride in appearance
- Compassion fatigue/caring less

Reflection

Think of a time when a co-worker may have been experiencing bereavement.

What did it look like?

How did you respond?

What might you do differently next time?

Reflection

How does your facility mark the death of a resident?

E.g., Is there a ritual or ceremony such as honour guard as the body leaves, lighting a candle, remembrance ceremony, marking the door with a special motif?

What ritual or ceremony would you find helpful in acknowledging and processing the loss of a resident?

What do you do to mark the death of a resident?

How to identify bereavement in family

- Anger
- Controlling/demanding behaviours
- Stressed and anxious
- Unrealistic expectations
- Changes in levels of visitation
- Low mood/sadness/teary
- Regular phone calls to staff
- Agitation
- Guilt
- Helplessness/hopelessness

Reflection

Think of a time when a family member may have been experiencing bereavement.

What behaviours did they exhibit?

How did this impact you?

And how did you respond?

How to support the bereaved

- Supporting families and residents before and after the dying process is important
- Facilitate families saying goodbye
  - Visits
    - Phone/video calls
- Allow them to express their grief without judgment
- Culturally sensitive - return to country, honor cultural practices.

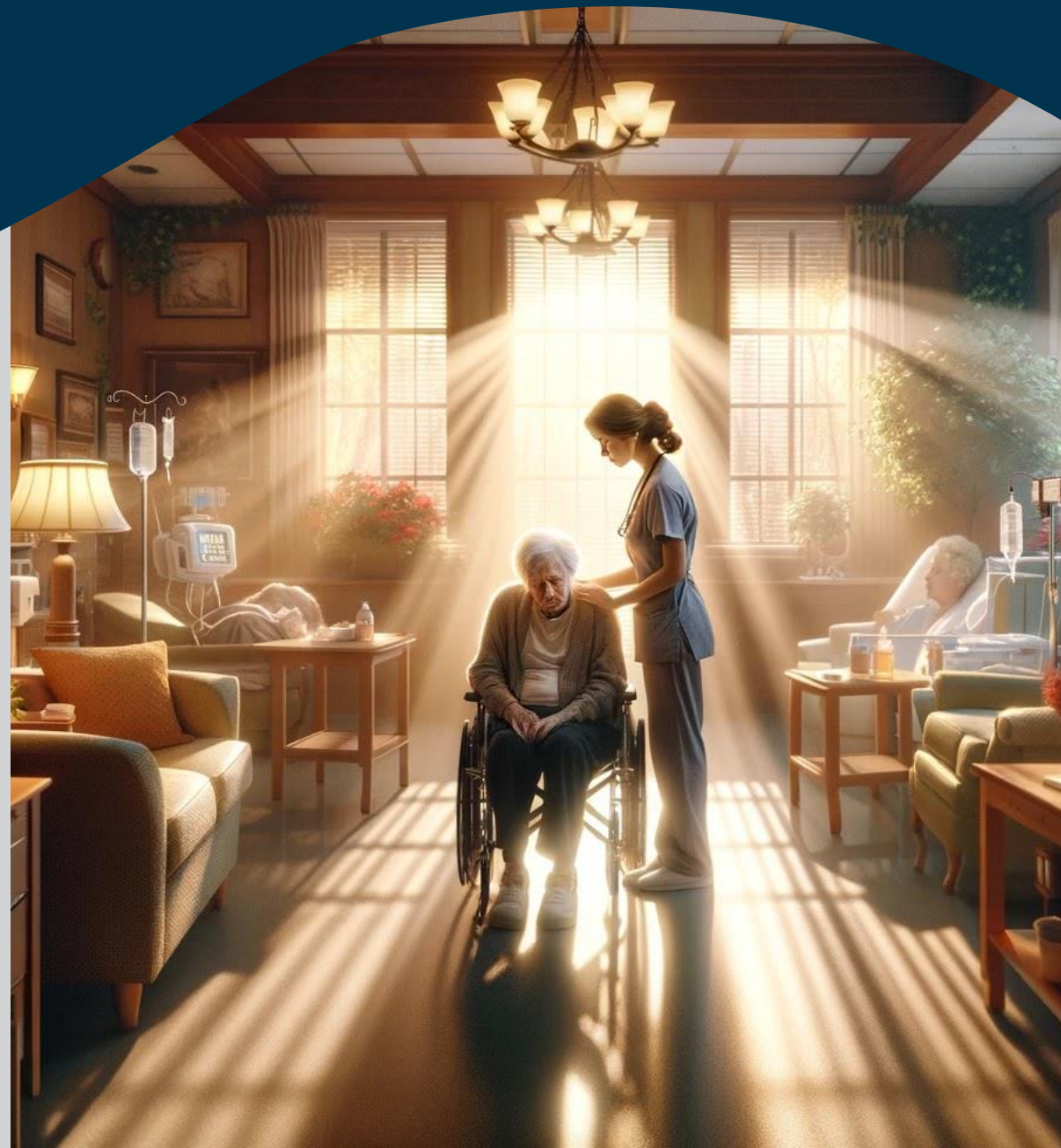
Expressing grief can come in many forms:

- Crying
- Anger outbursts
- Laughing
- Reminiscing
- Engaging in activities to distract
- Isolating behaviours

Help! What do I say?

Enquire authentically about how they are coping, what they need, or their wishes. For example:

- “I am here for you.”
- “My favorite memory of” …. [*Or*]
  “I remember when…” and share memories and stories.
- “This must be really tough. Tell me about…”



What ***not*** to do!

X Things to avoid

- Comparing to your own grief experiences
- Telling others how to grieve
- Telling others how to “get over it”
- Telling others how they should or shouldn’t feel

https://youtu.be/8obr0Y1Fqys?si=ZvRLIGxgaJafKFaN

X Comments to avoid

“He’s happy in heaven”

“She’s lucky she lived for so long”

“It was God’s will”

“Be thankful they’re not in pain anymore”

“You’ll feel better soon”

“I know how you feel”

“Try to remember the good times”

Effective conversations

- https://youtu.be/l2zLCCRT-nE?si=pCefv2GBG1dMl2VR
- Allow them to talk and express their grief
- Take time to listen with compassion
- Ask them how you can support them
- Don’t judge or criticise
- Sit with them - even if it’s in silence
- Human touch - holding their hand or hugging them

Roleplay a conversation

https://youtu.be/W2jlGmpZ7uk?si=pKGL2KrFCOVaisnC

In pairs, role play a conversation you may have with a grieving staff member or family member.

Repeat this again taking on the opposite role.

Hints:

- “I am here for you.”
- “My favorite memory of” or “I remember when…”
- “Tell me about…”

Reflection

In your role play conversations, reflect on:

What worked well?

What could you improve on next time you have this type of conversation?

The value of being there vs helping

A reflection more so focusing on the memories of the person - grief is natural - not something you can skip… the worst feeling I had - not that I lost him - but that I wish I could've done more - sometimes a feeling of I didn't do enough - sometimes I feel like I didn't do enough.

I feel like I partition some things - acknowledge working in aged care it is what it is - try to separate as much as possible - but it is complex - when building a relationship and rapport and trust, acknowledge the process of life and my contribution to their days.

Supports and resources

- Grief Australia website: provides resources, access specialised grief counselling and support services in local area, support groups
    - My Grief app: https://youtu.be/03AaLe4l0Vs
- Australia's National Grief & Loss Support Hub: Griefline - 1300 845 745 - free phone service, resources, callback service, free “how to support a grieving friend” ebook
- Lifeline Australia - 13 11 14 - Crisis Support. Suicide Prevention.
- Beyond Blue | 24/7 Phone: 1300 224 636
- palliativecare.org.au Understanding Grief booklet
- 13YARN - Call 13 92 76 | 24 /7 Crisis support for Aboriginal and Torres Strait Islanders - provides phone support and resources for grief and loss

Useful Resources

- What is bereavement
  Resources to understand bereavement and types of grief
- Understanding disenfranchised grief
  Strategies and support for disenfranchised grief
- How to support the bereaved
  Information on how to support the bereaved
- Grief before death – understanding anticipatory grief | healthdirect
  Understanding anticipatory grief
- When someone dies in Residential Aged Care - Grief and Loss for Families (flinders.edu.au)
  Free ebook - “when someone dies in residential aged care: grief and loss for families”
- Bereavement support across cultures
  Free ebook for staff: “bereavement support across cultures”

Reflection on session

Questions?

Please complete the feedback form

Change Futures

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Thank you for listening

Change Futures Psycho Education

www.changefutures.org.au

Supporting RACH staff

Please register your interest at:

education@changefutures.org.au

ChangeFutures

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time for a

break!

enjoy

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Influenza Season Preparation
COVID-19 Booster Information

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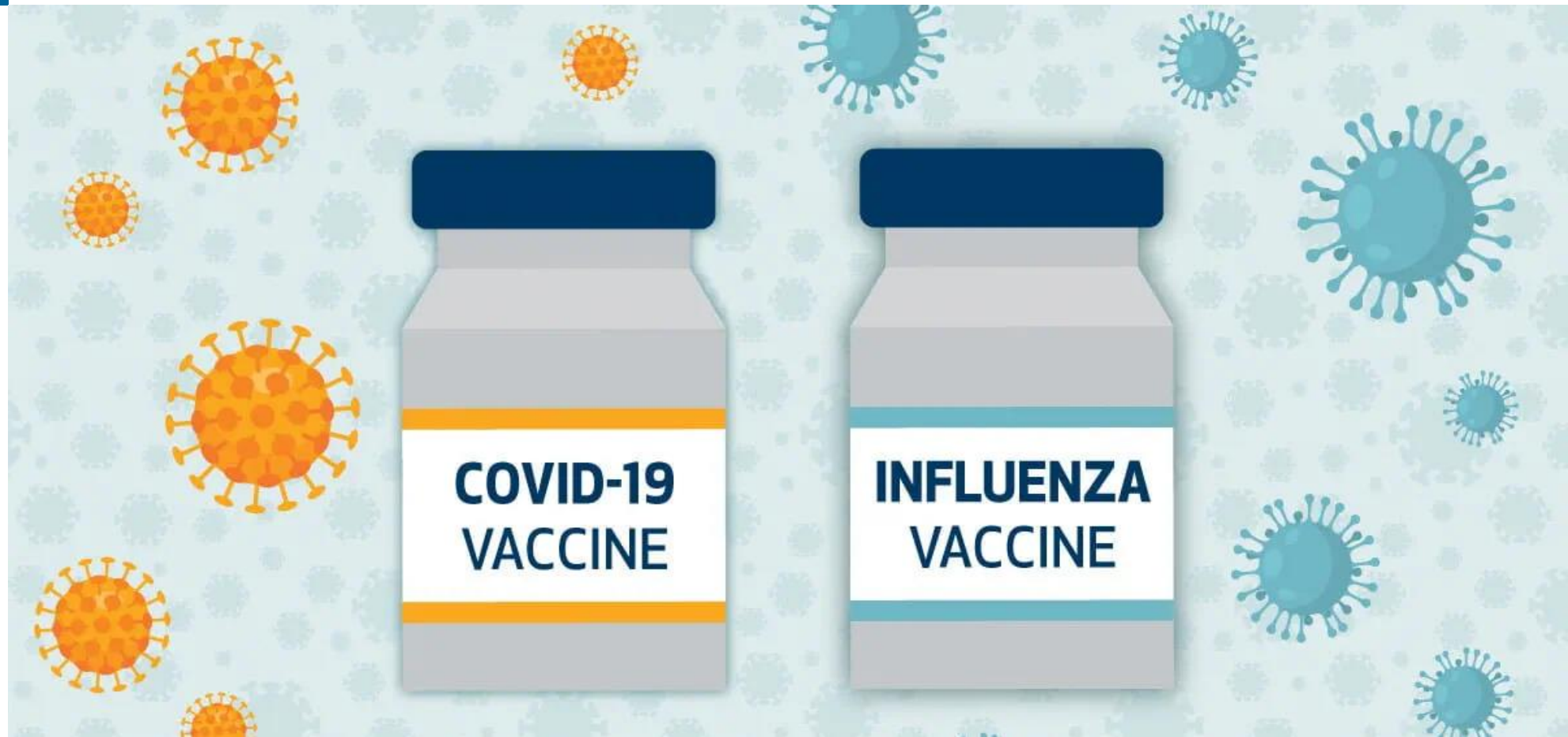

Fiona Vosti
Shani Rupasinghe

Gold Coast
Public Health Unit

Preparing your RACH for
Influenza & COVID-19 in 2024

Fiona Vosti – Senior Public Health Nurse
Dr. Shani Rupasinghe – Public Health Registrar
Gold Coast Public Health Unit

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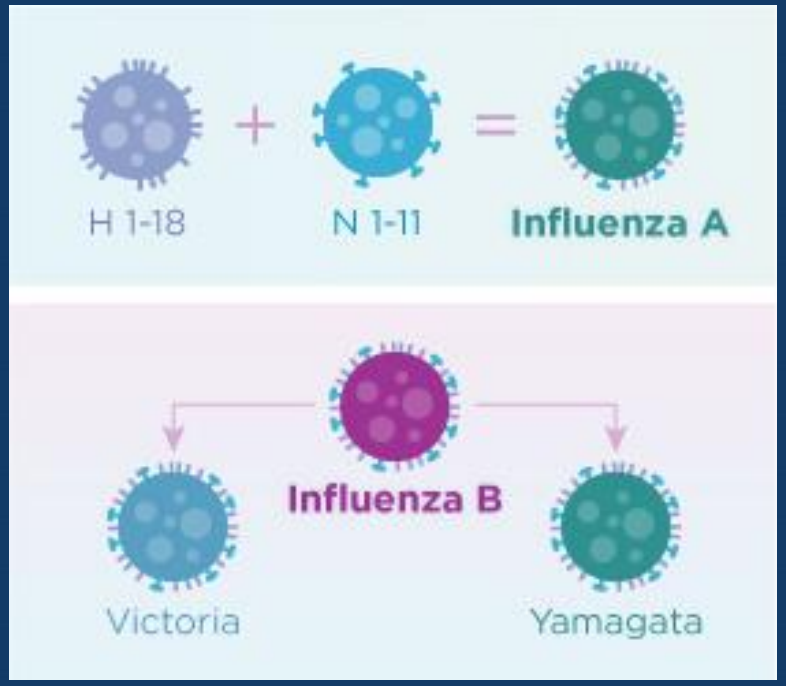
Acknowledgement of Country

Outline

1. Influenza
2. COVID-19
3. Acute Respiratory Infection (ARI) Outbreaks

What is Influenza?



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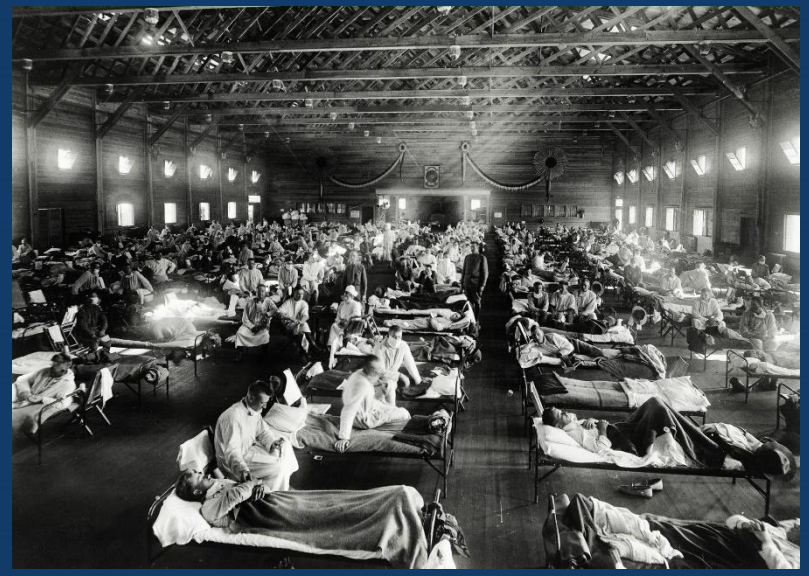
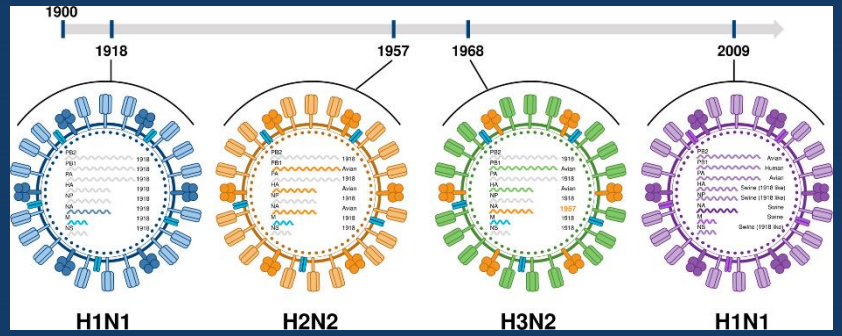
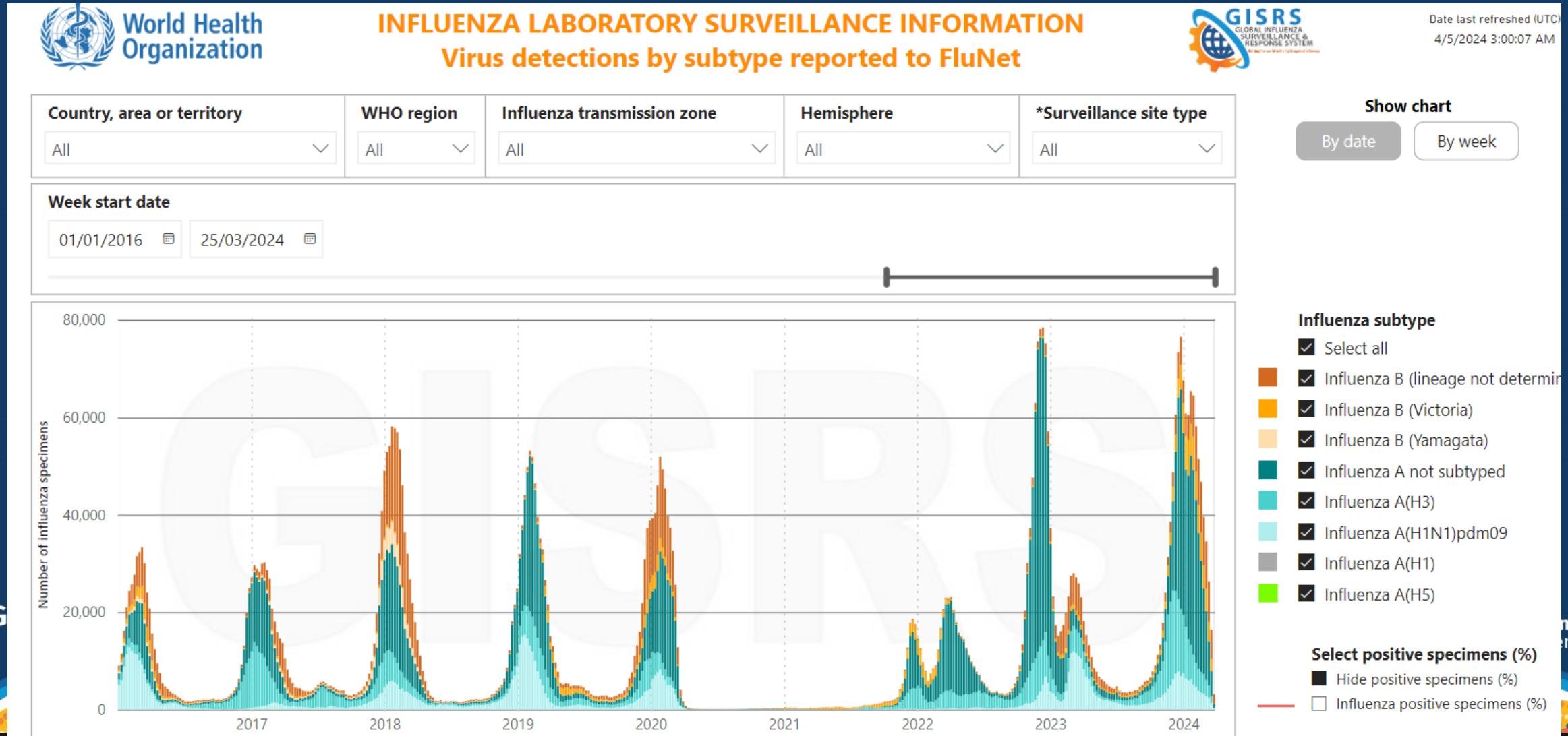
The History of Influenza

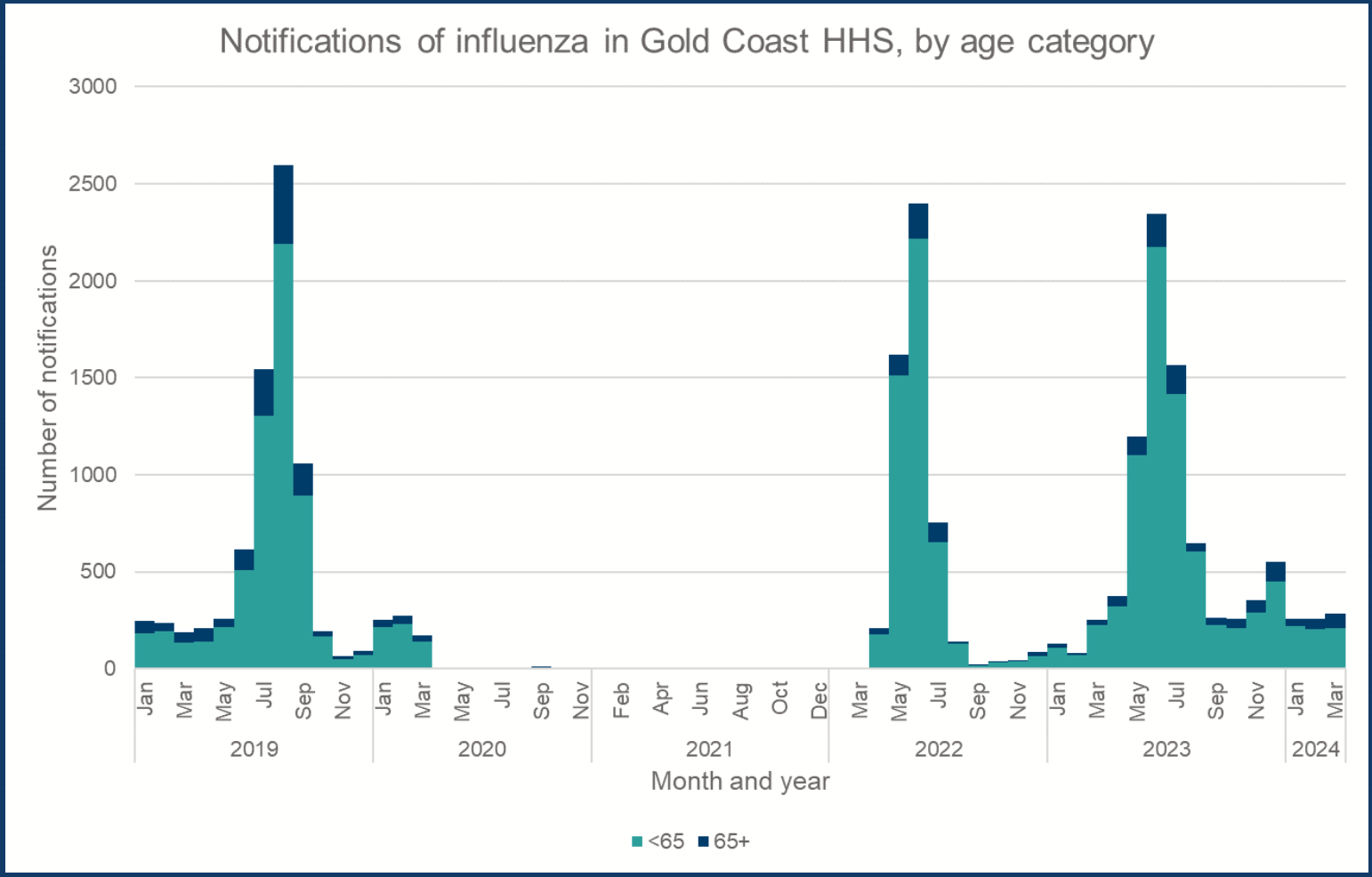




Influenza More Recently



Influenza in GCHHS



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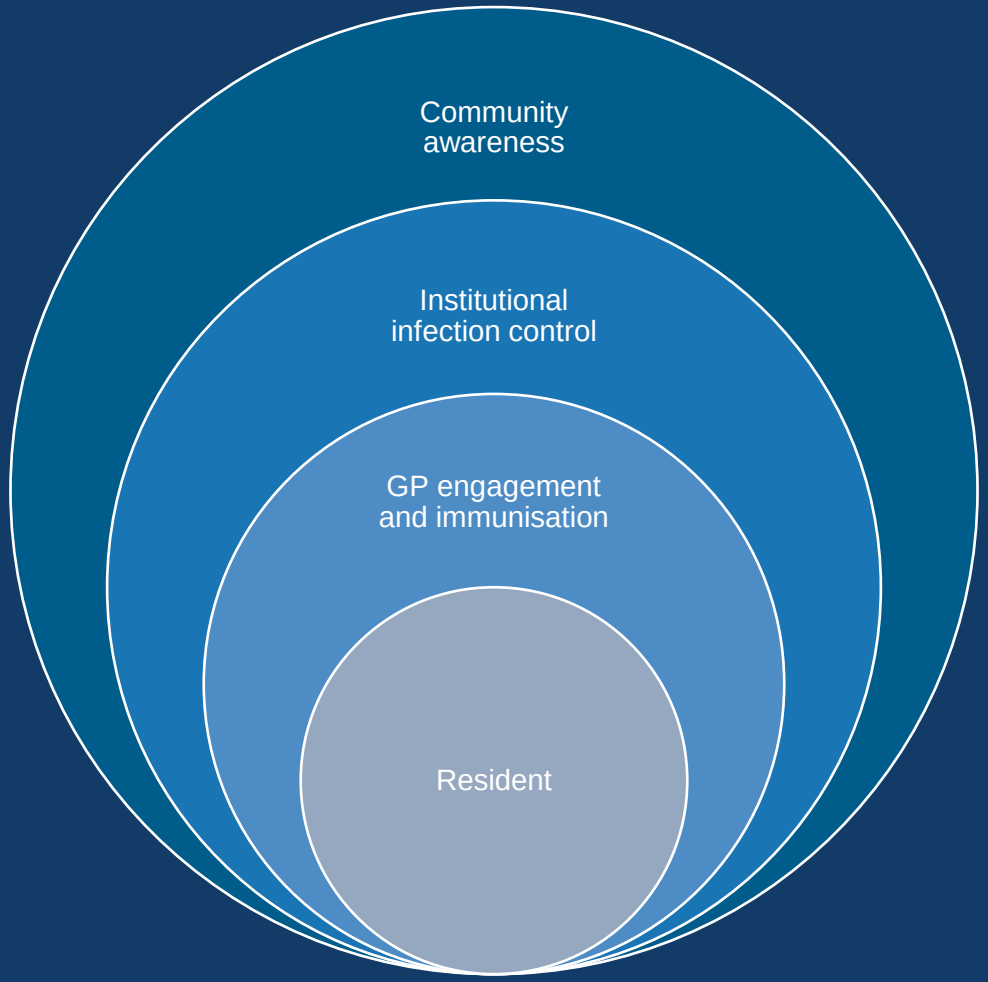
Preventing Acute Respiratory Infection



Influenza Immunisation for 2024

- Inactivated and cannot give you flu
- Free for everyone ≥6 months of age
- Reduces the risk of severe disease-associated pneumonia and hospitalisations in those >65 years
- Best protection lasts for 3–4 months

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2024, by age

Registered age group \ Vaccine	Vaxigrip Tetra 0.5 mL (Sanofi)	Fluarix Tetra 0.5 mL (GSK)	Flucelvax Quad 0.5 mL (Seqirus)	Afluria Quad 0.5 mL (Seqirus)	FluQuadri 0.5 mL (Sanofi)	Influvac Tetra 0.5 mL (Viatris)	Fluad Quad 0.5 mL (Seqirus)	Fluzone High-Dose Quad 0.7 mL (Sanofi)
6 months to <5 years	✓	✓	✓	X	✓	✓	X	X
≥5 to <60 years	✓*	✓*	✓*	✓	✓	✓	X	X
≥60 to <65 years	✓*	✓*	✓*	✓	✓	✓	X	✓
≥65 years	✓	✓	✓	✓	✓	✓	✓	✓

Ticks indicate the age at which a vaccine is registered and available. Crosses indicate that the vaccine is not available for that age group. White boxes indicate availability for free under the NIP.
* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

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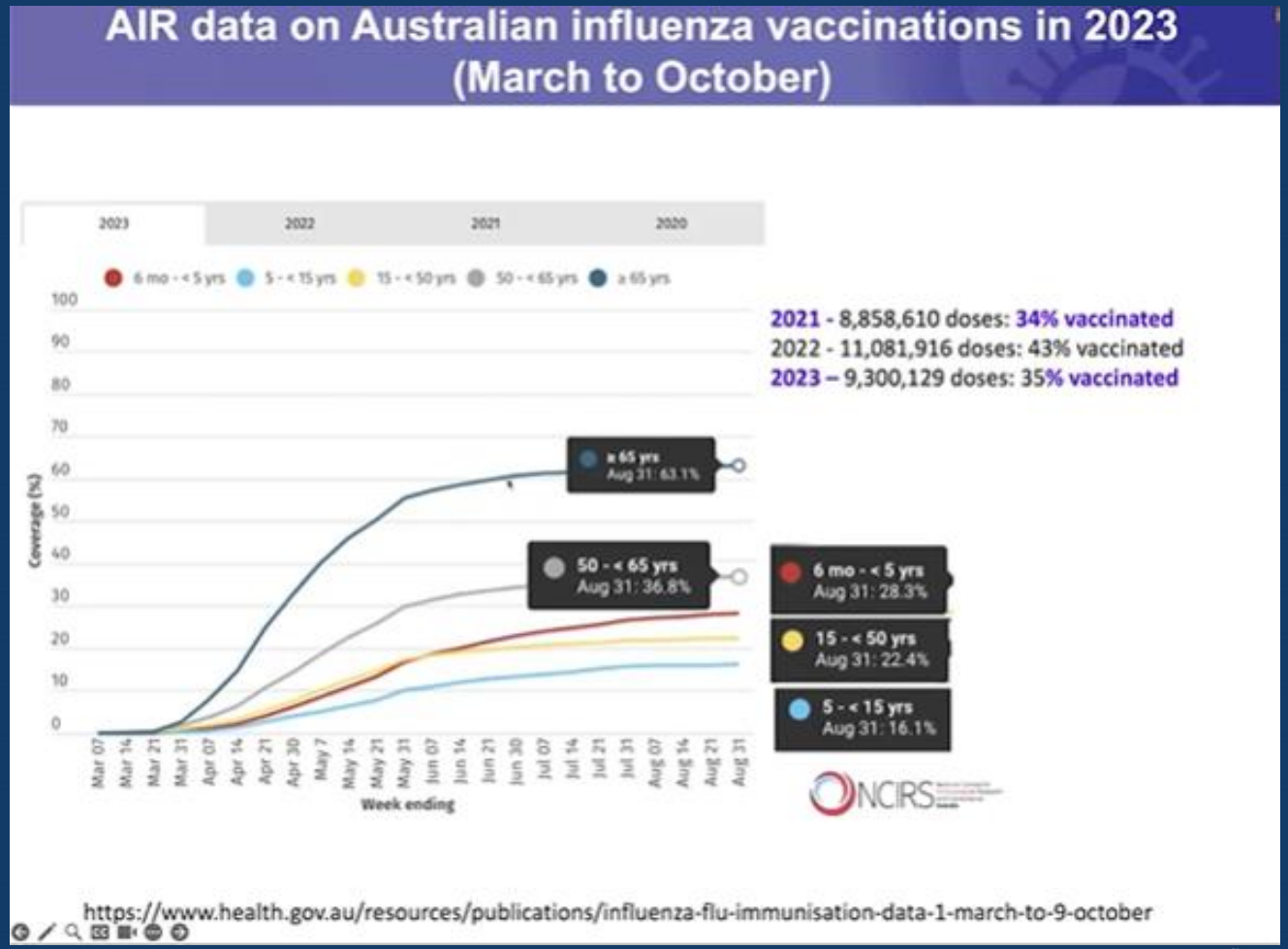
Influenza Immunisation Coverage 2023

In 2023, influenza immunisation reduced risk of hospitalisation by 68%



Influenza Immunisation

What you need to do:

Your service must take precautions to prevent and control the flu and minimise infection-related risks. That includes:

- identifying and complying with all relevant Commonwealth and state or territory legislation and regulatory requirements
- having an effective infection prevention and control program that is in line with national guidelines
- offering free flu vaccinations every year to your staff and volunteers, and keeping records of their vaccinations

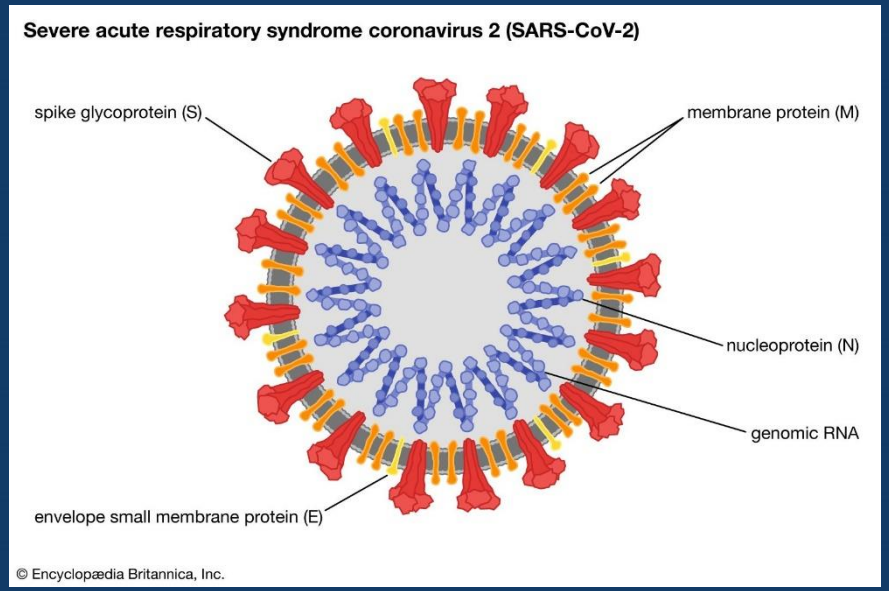
You must also demonstrate:

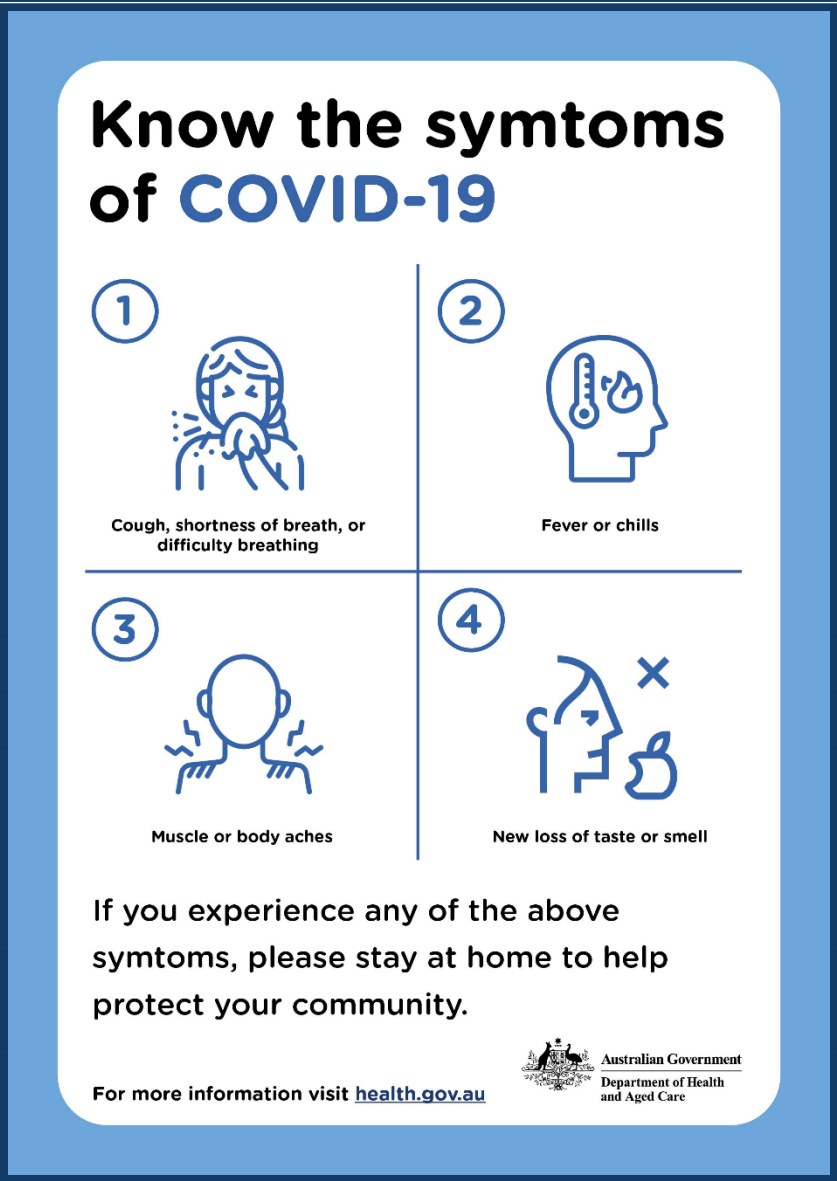
- how you have promoted and informed your staff and volunteers about the benefits of vaccination
- the steps you have taken to encourage staff and volunteers to get vaccinated

Influenza Antivirals

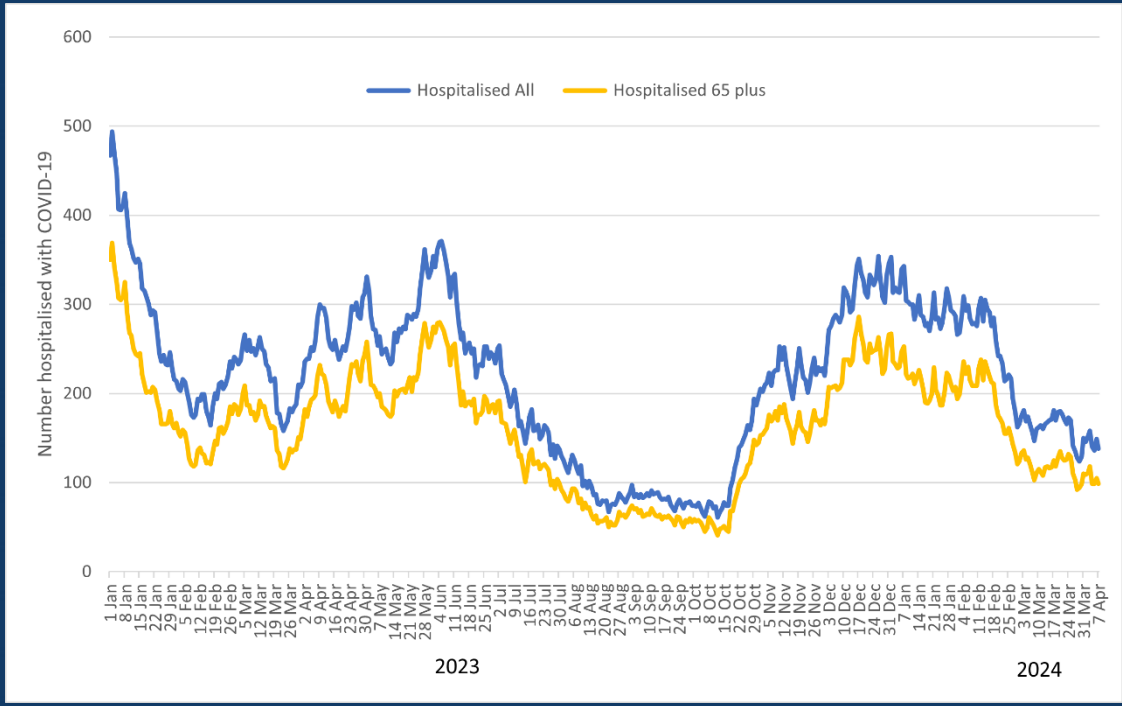
- Can be provided to cases and contacts
- Timely and coordinated approach required
- GPs need to consider and prescribe
- Assessment of renal function required (blood test)
- GCHHS Pharmacy can receive order from and dispense to RACH

What is COVID-19?

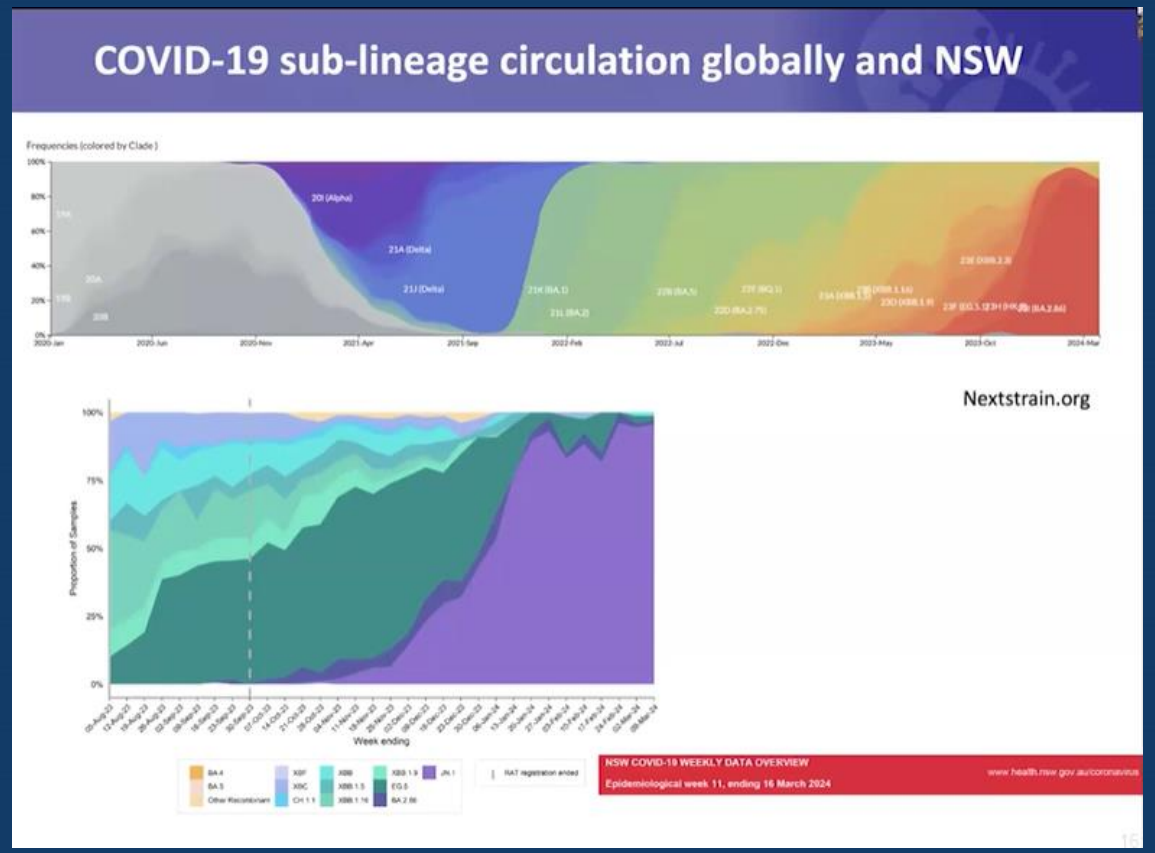




COVID-19 More Recently in QLD



Acute respiratory infection surveillance reporting | Queensland Health



COVID-19 Immunisations Making History

Two types approved:

1. Messenger RNA (mRNA) vaccines, including Comirnaty (Pfizer) and Spikevax (Moderna)
2. Protein-based vaccines, including Nuvaxovid (Novavax) (not currently available in Australia)

All COVID-19 vaccines available in Australia are expected to provide benefit to eligible people; however, the new monovalent Omicron XBB.1.5 variant mRNA vaccines are now preferred over other vaccines for all persons aged 5 years and over.

COVID-19 Immunisations for 2024

COVID-19 VACCINATION

As of 1 March 2024

	Omicron XBB.1.5 vaccines – PREFERRED[1]			Original/Omicron bivalent vaccines	Original (ancestral) vaccines	
	Pfizer (COMIRNATY) Omicron XBB.1.5 10 mcg/0.3 mL suspension for injection single-dose vial	**Pfizer (COMIRNATY) Omicron XBB.1.5** 30 mcg/0.3 mL suspension for injection multi-dose vial	**Moderna (SPIKEVAX) Omicron XBB.1.5** 50 mcg/0.5 mL suspension for injection pre-filled syringe	**Pfizer (COMIRNATY) Bivalent BA.4-5** 15/15 mcg/0.3 mL suspension for injection multi-dose vial	**Pfizer (COMIRNATY)** 3 mcg/0.2 mL concentrated suspension for injection multi-dose vial	**Pfizer (COMIRNATY)** 10 mcg/0.2 mL concentrated suspension for injection multi-dose vial
CVAS naming convention	Pfizer (XBB.1.5) 5-11 years (Light Blue)	Pfizer (XBB.1.5) 12 years+ (Grey)	Moderna (XBB.1.5) 12 years+ (PFS)	Pfizer Bivalent (BA.4-5) 12 years+ (Grey)	Pfizer 6 months-4 years (Maroon)	Pfizer 5-11 years (Orange)
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)

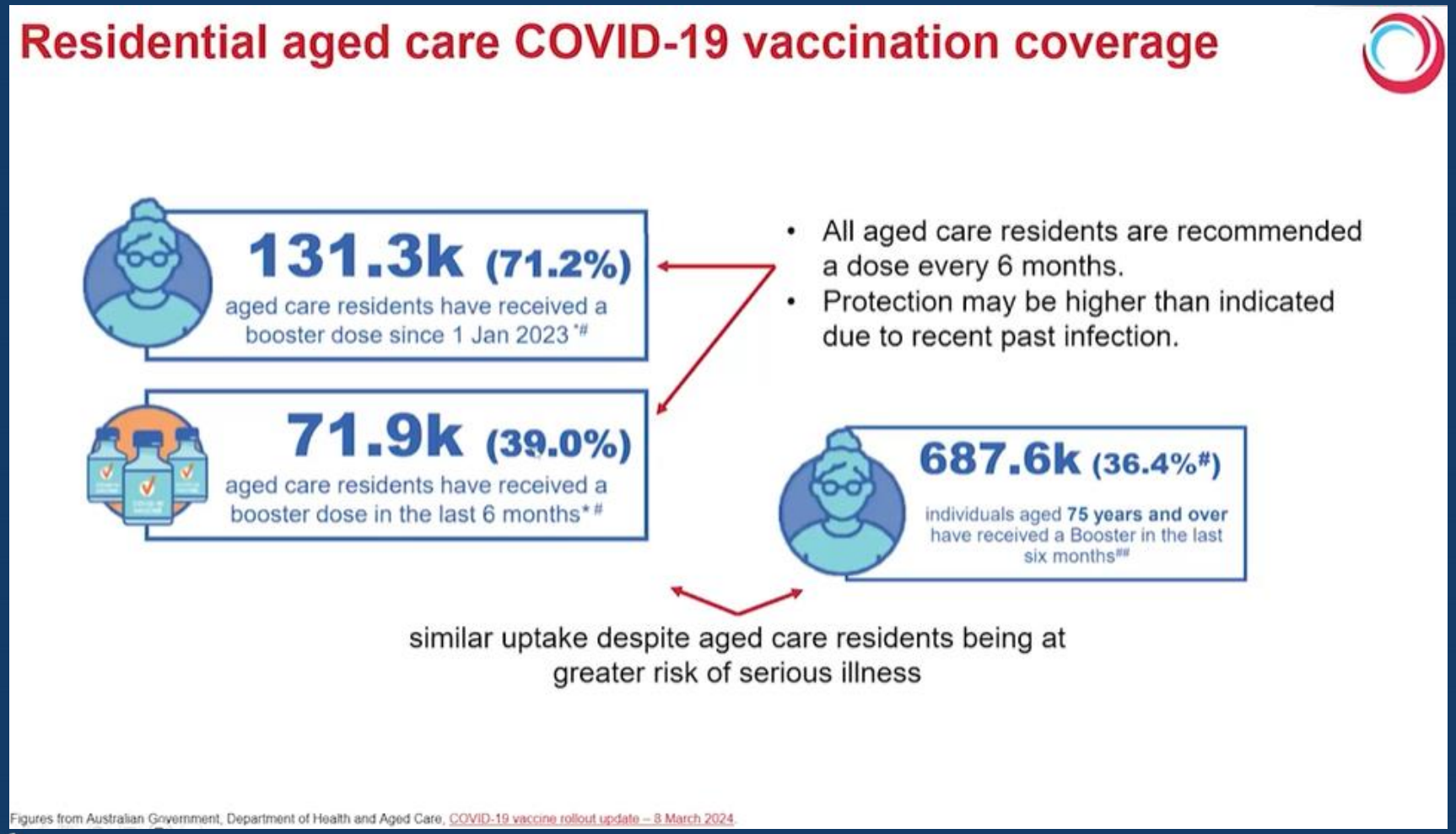
COVID-19 vaccine recommendations - main points

Booster dose advice for people who have been previously vaccinated

Recommended every 6 months	Recommended every 12 months, consider every 6 months	Consider every 12 months
• Adults aged ≥75 years	• Adults aged 65–74 years • Adults aged 18–64 years with severe immunocompromise	• All other adults aged 18–64 years • Children and adolescents aged 5–<18 years with severe immunocompromise

Severe immunocompromise includes haematological malignancies, HIV with CD4+ cell count <200, Inborn errors of immunity, chronic kidney disease on dialysis, HSCT/CAR-T therapy in last 24 months, current chemotherapy treatment, current treatment with conventional or biologic immunosuppressives (for more information refer to AIH)

COVID-19 Immunisation Coverage 2023

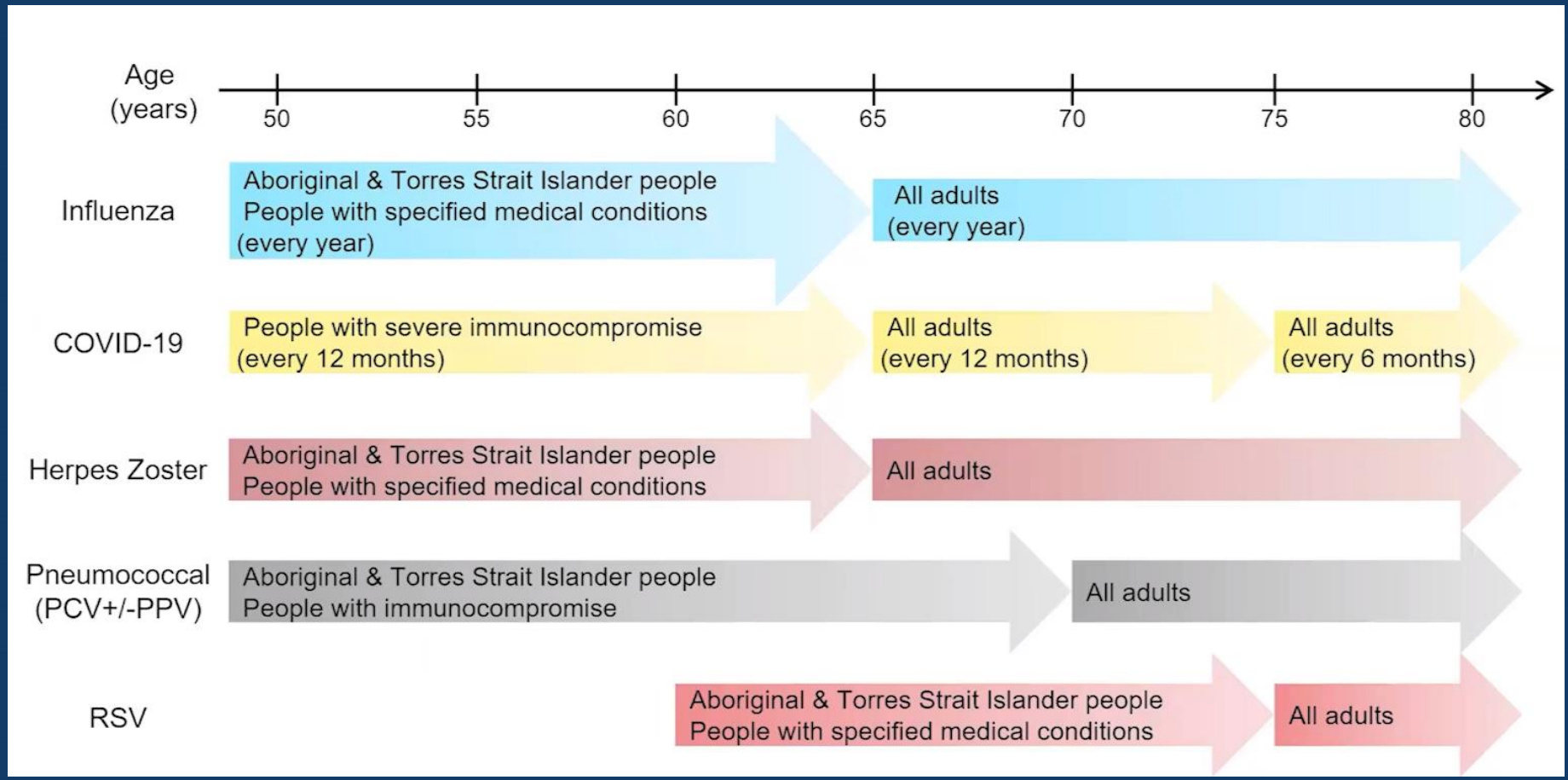


COVID-19 Immunisations

Residential aged care homes are responsible for:

- preparing your aged care home and residents for vaccination
- providing information to your residents and staff
- obtaining and recording residents' consent
- monitoring and reporting adverse side effects

Co-Administration of Immunisations



COVID-19 Anti-Virals

- Available for cases
- GPs will need to consider and prescribe

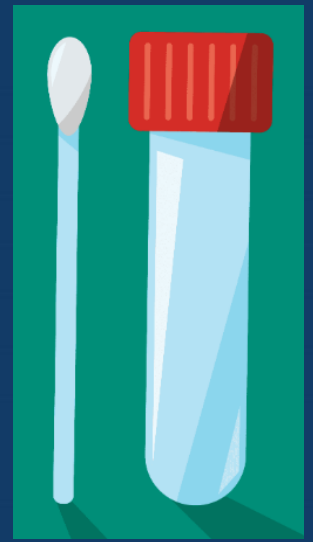
Acute Respiratory Infection (ARI) Outbreak Prevention and Management

1) Prevention

- Education – review guidelines and understanding of how diseases are spread
- Community awareness – empower unwell staff and visitors to stay home
- Preparation – identify members of your outbreak management team and the plan
- Immunisation – organise your roll out
- Infection prevention and control – PPE, hand hygiene, environmental cleaning

2) Detection

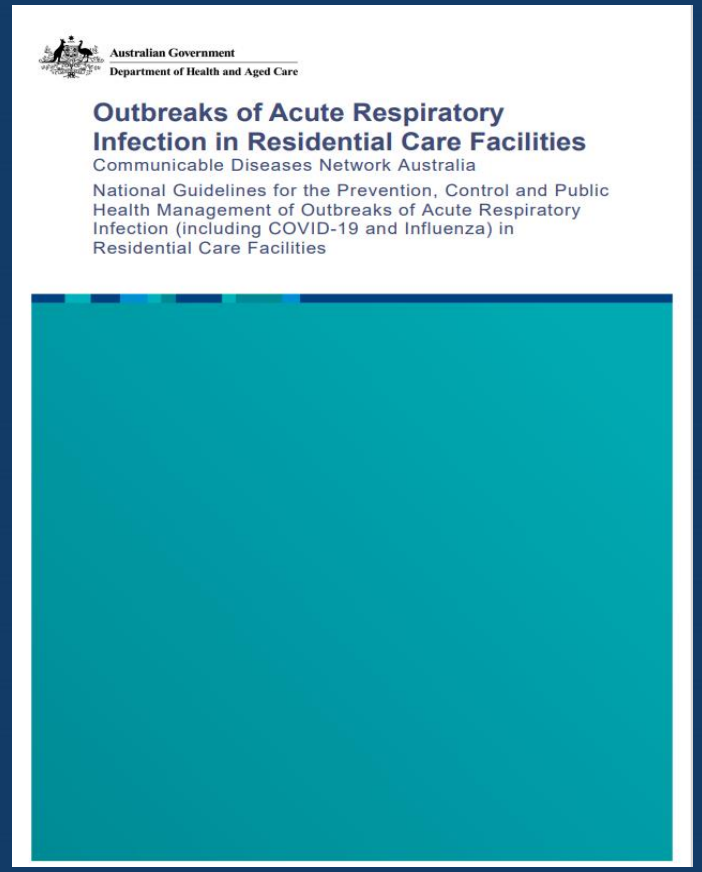
- Actively look for signs and symptoms
- Collect samples ASAP using locally based pathology companies
- Note change to RAT supply



Acute Respiratory Infection (ARI) Outbreak Prevention and Management

3) Management

- Isolate cases
- Appropriately manage contacts
- Increased PPE, hand hygiene and environmental cleaning
- Transfer residents who require acute care
- Cohort staff and residents using risk stratification and least restrictive controls
- Plan testing
- Organise anti-virals as required
- Communication internally and externally
- Notification to and role of GCPHU



Summary

- Respiratory virus season is around the corner
- Prevent the outbreak
  - Organise your immunisation roll-outs and liaise with your GPs
  - Maintain business as usual infection control
  - Review guidelines and consider refresher training sessions
- Manage the outbreak
  - Have a plan, know your plan and action the plan
  - Detect cases and outbreaks early
  - Build capacity for increased testing, PPE, environmental cleaning and effects on staffing
- Communicate

Helpful resources

Influenza

- Influ-Info – Influenza Kits for Aged Care | Australian Government Department of Health and Aged Care
- Responsibilities of residential aged care providers | Australian Government Department of Health and Aged Care
- Influenza vaccines – frequently asked questions (FAQs) | NCIRS
- 2024 Influenza vaccination – Program advice for health professionals
- Residential aged care residents | Australian Government Department of Health and Aged Care

COVID-19

- COVID-19 vaccines: Frequently asked questions (FAQs) | NCIRS
- Residential aged care service providers | Australian Government Department of Health and Aged Care
- COVID-19 – Donning and Doffing PPE in Residential Aged Care – YouTube
- COVID-19 advice for people in residential aged care homes and visitors | Australian Government Department of Health and Aged Care

COVID-19 Booster Support

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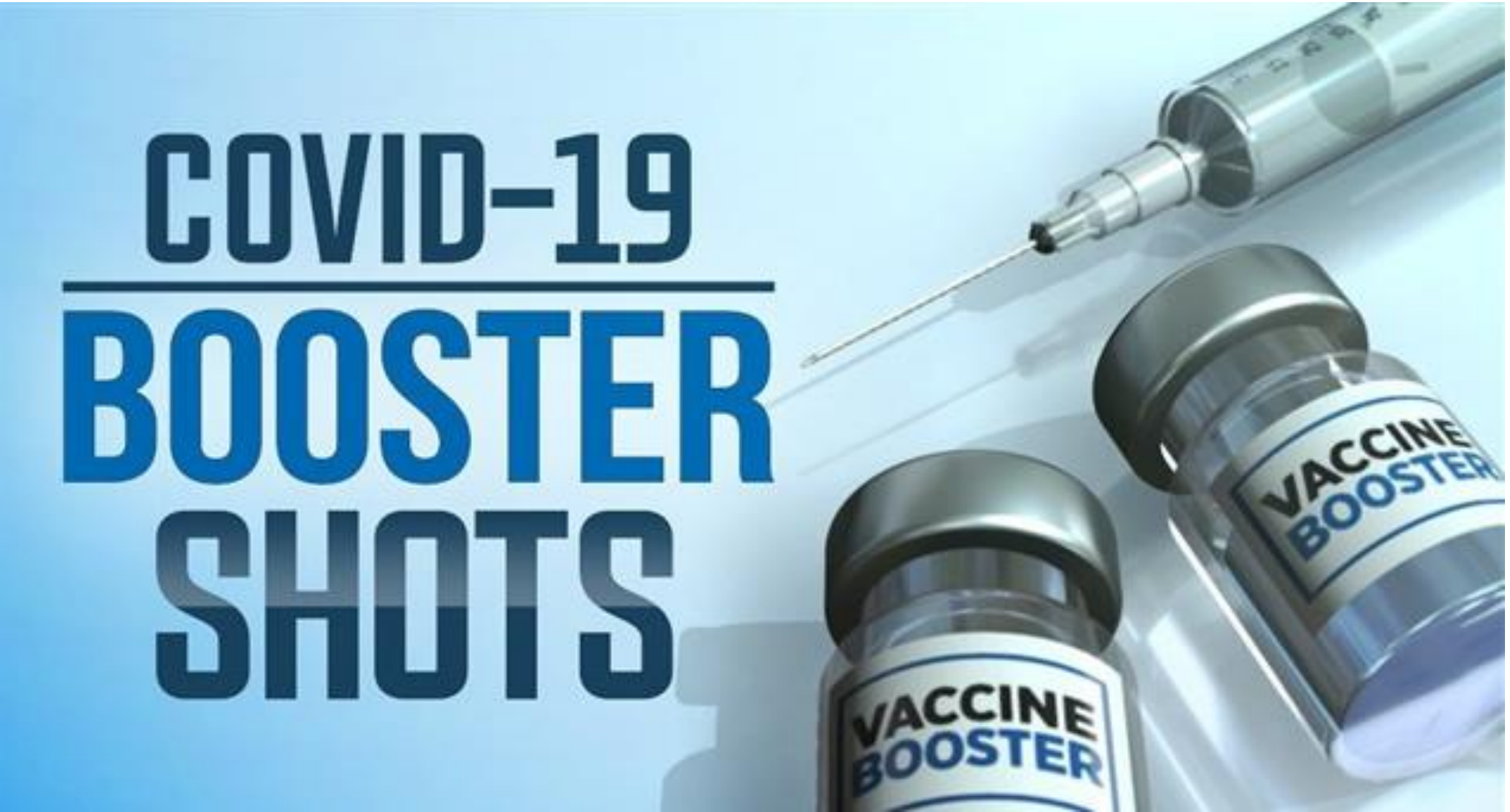

Sharon Pepper

Program Coordinator Engagement and Digital Health

Gold Coast Primary Health Network

Stay up to date with COVID-19 vaccine advice

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- The Department of Health and Aged Care's 2024 COVID-19 vaccine advice is now available online.
- Adults over 65 and those aged 18-64 who are severely immunocompromised can receive a booster dose every six months (75 years and older recommended every 6 months)

- All other adults are eligible for a booster dose every 12 months
- The department has also launched a COVID-19 booster eligibility checker, where individuals answer a short set of questions to determine their eligibility for a booster vaccine. View the eligibility checker now.
- Find out more about COVID-19 vaccination in Residential Aged Care (Residential aged care residents | Australian Government Department of Health and Aged Care)

Why is GCPHN continually calling us regarding our residents COVID-19 boosters?

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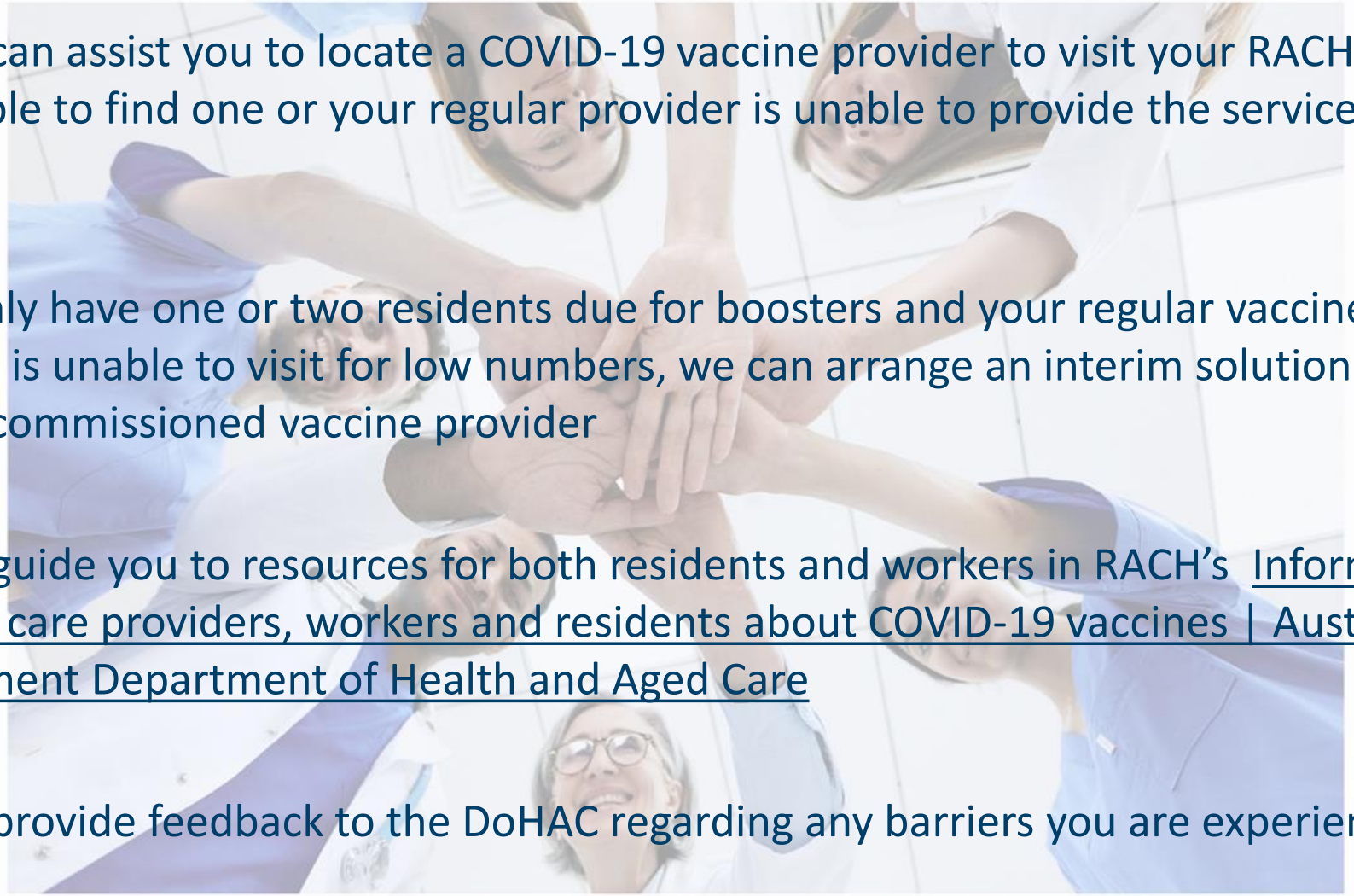
- COVID-19 vaccination is voluntary but strongly encouraged for residents in aged care homes. It remains the most effective protection against severe illness, hospitalisation and death from COVID-19. Protecting the people who live and work in residential aged care is a priority.

- GCPHN works closely with the Department of Health and Aged Care (DoHAC) to support RACH's who may have residents who have not received a booster in the last 6 months

- GCPHN provides reports to DoHAC on the support being provided to improve these rates and any barriers being encountered by the RACH's

What support can GCPHN provide for COVID-19 boosters



- GCPHN can assist you to locate a COVID-19 vaccine provider to visit your RACH if you are unable to find one or your regular provider is unable to provide the service any longer

- If you only have one or two residents due for boosters and your regular vaccine provider is unable to visit for low numbers, we can arrange an interim solution with a GCPHN commissioned vaccine provider

- We can guide you to resources for both residents and workers in RACH's Information for aged care providers, workers and residents about COVID-19 vaccines | Australian Government Department of Health and Aged Care

- We can provide feedback to the DoHAC regarding any barriers you are experiencing

Providing consent

- All aged care residents must provide valid consent before receiving a COVID-19 vaccine.
- Healthcare professionals are responsible for obtaining informed consent from or on behalf of a resident before administering a vaccine.
- Aged care providers keep a record of the resident's consent for all doses to share with those who give the vaccine for recording on the Australian Immunisation Register.
- Some vaccine providers may have a preferred consent process
- Read the frequently asked questions on providing informed consent for COVID-19 vaccinations.

There are 2 ways your aged care home can capture resident consent:

- written consent – using the aged care home's own consent form or a consent form provided by the relevant healthcare professional
- verbal consent – verbal consent must be recorded by the aged care home in a resident's care notes, following usual practices.

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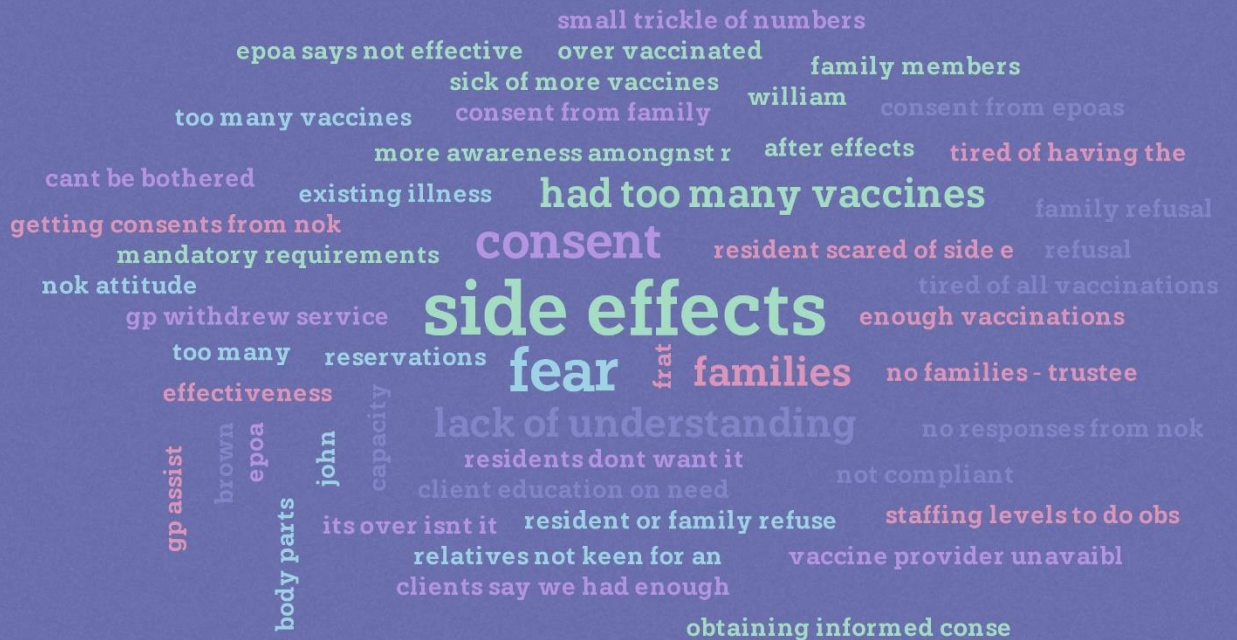
What are the main barriers for booster uptake by residents

65 responses



Mentimeter

Are there any RACH representatives present who have achieved a high vaccination rate among their residents?

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If so, could you please share your experiences and any strategies you've implemented to encourage residents to receive COVID-19 booster shots?

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Join us for a delightful experience at the restaurant downstairs!

Telehealth

in Residential Aged Care Homes

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Aleksandar Stojkovski

Senior Project Officer
Engagement and
Digital Health

Gold Coast Primary Health Network

In your opinion, what defines a telehealth consultation?

74 responses

Mentimeter

What is Telehealth?

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- Convenient remote care delivery for healthcare providers.

- Improves patient access by eliminating the need for travel.

- Suitable for various healthcare professionals:
  - GPs,
  - specialists,
  - nurses, and
  - allied health professionals.

What is Telehealth?

- Delivering healthcare services remotely via electronic and telecommunication technologies.

- During telehealth appointments, providers may offer:
  - Diagnosis, treatment, and prevention support.
  - Medical advice, prescriptions, interventions, and health education.

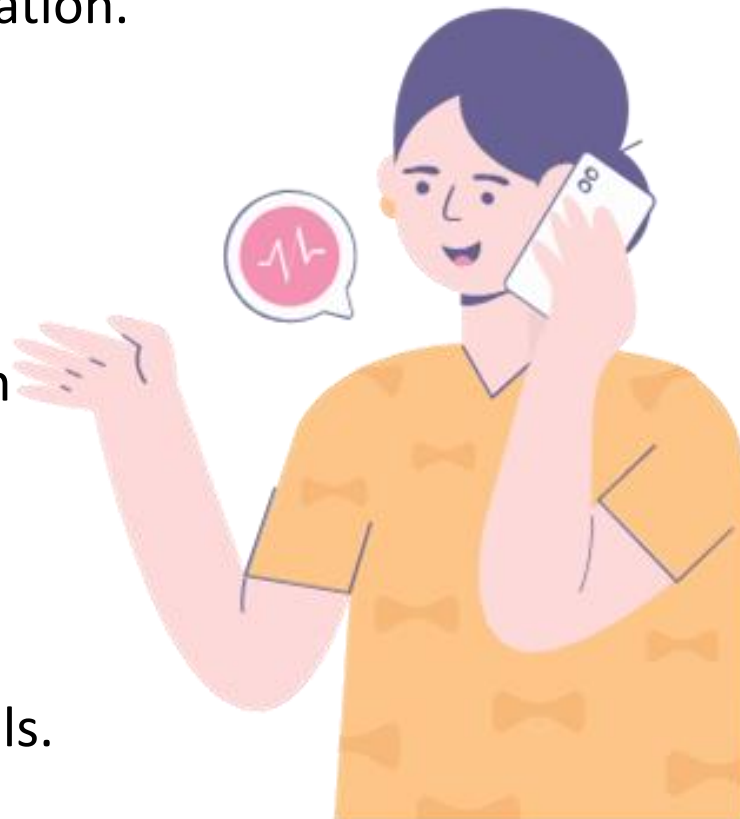
- Telehealth offers two primary modes of communication:

- Video Consultations:

  Preferred for real-time interaction with visual cues.

- Telephone Services:

  Alternative method for effective communication through audio-only calls.



What is Telehealth?

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Telehealth in aged care may include:

- Routine medical check-ups.
- Electronic updating of resident medication charts and prescriptions sent to pharmacies.
- Reviewing goals of care.
- Discussions on Advance Care Directives
- Mental health consultation and counseling.

When is an Onsite Visit Required?

- Essential or initial physical examination for clinical decisions.
- Doubt about clinical appropriateness, especially for patients with dementia.
- Non-compliance of software/hardware with security and privacy laws.

We Listened: Your Feedback Mattered

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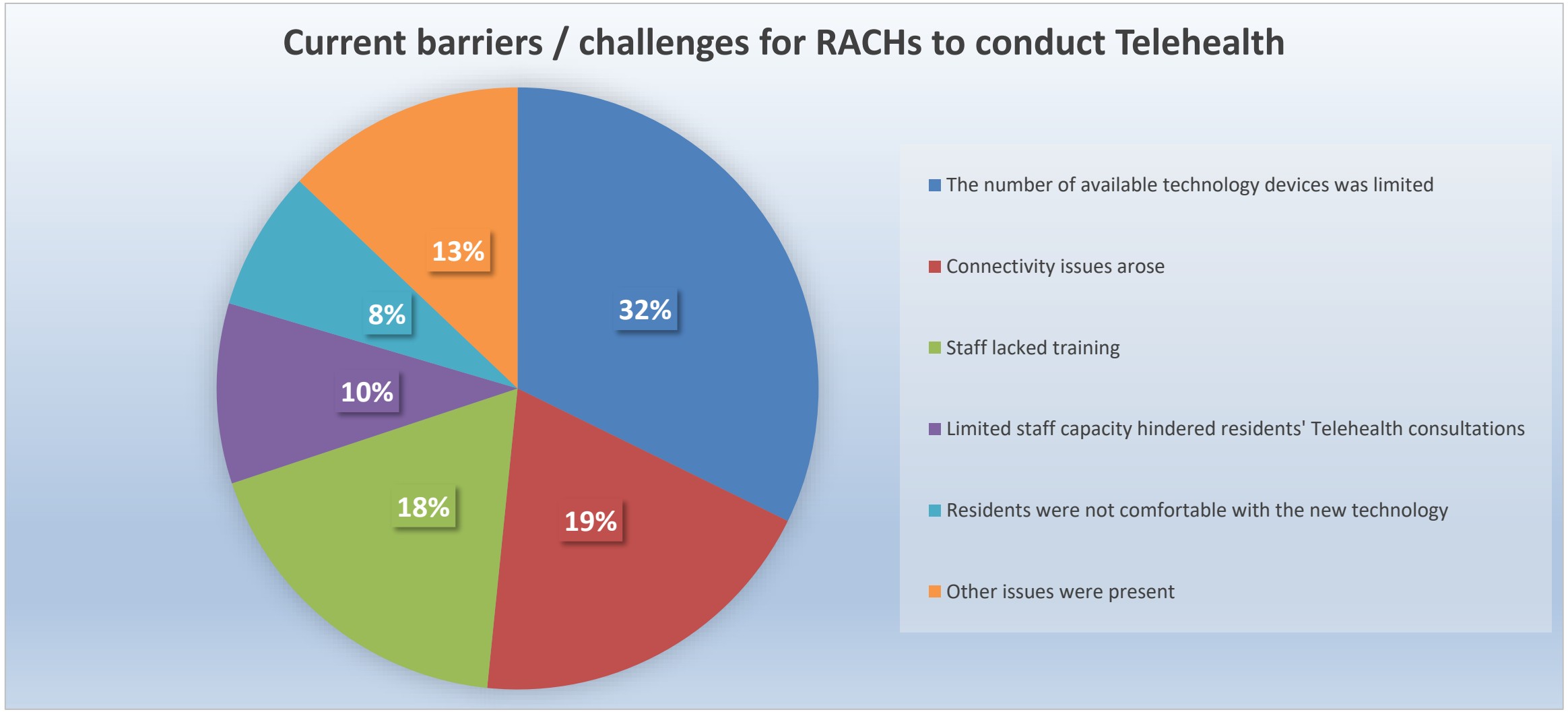
A survey conducted among RACHs on the GC in 2023 revealed:



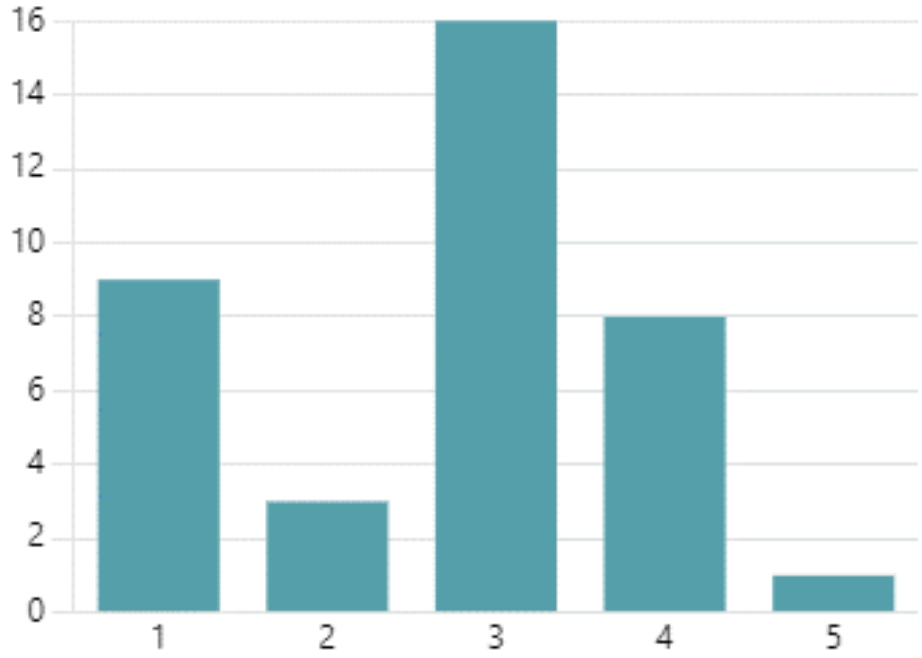
We Listened: Your Feedback Mattered

phn GOLD COAST
An Australian Government Initiative

A survey conducted among RACHs on the GC in 2023 revealed:

On a scale of 1-5, the skills and knowledge of RACH staff involved in supporting telehealth video was:

2.70
Average Rating



We Listened: Your Feedback Mattered

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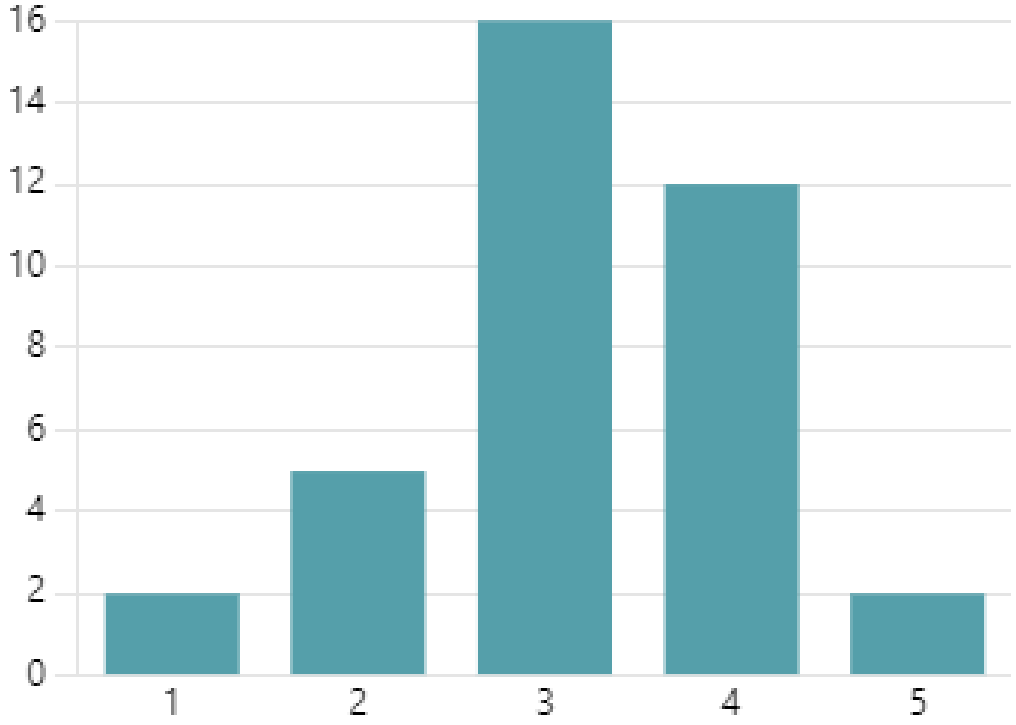
An Australian Government Initiative

A survey conducted among RACHs on the GC in 2023 revealed:

On a scale of 1-5, the staff's confidence rating to facilitate a telehealth video appointment was:

3.19
Average Rating



We Listened: Your Feedback Mattered

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A survey conducted among RACHs on the GC in 2023 revealed:

How GCPHN is supporting RACHs with Telehealth

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- Enhancing Telehealth Capacity at RACHs through Grant Delivery
- Troubleshooting support for RACHs in strengthening Telehealth workflows
- Regular visits and support are available from our Engagement and Digital Health team
- Collaboration with 15 other PHNs to establish a National Telehealth Training Program
- Assisting General Practices in expanding Videoconferencing Telehealth consultations for Aged Care Home residents
- Advocacy within the broader primary health community, including Allied Health Professionals, for digital health technology adoption
- Scoping future activities to identify opportunities for pilot projects

The National Telehealth Training Program

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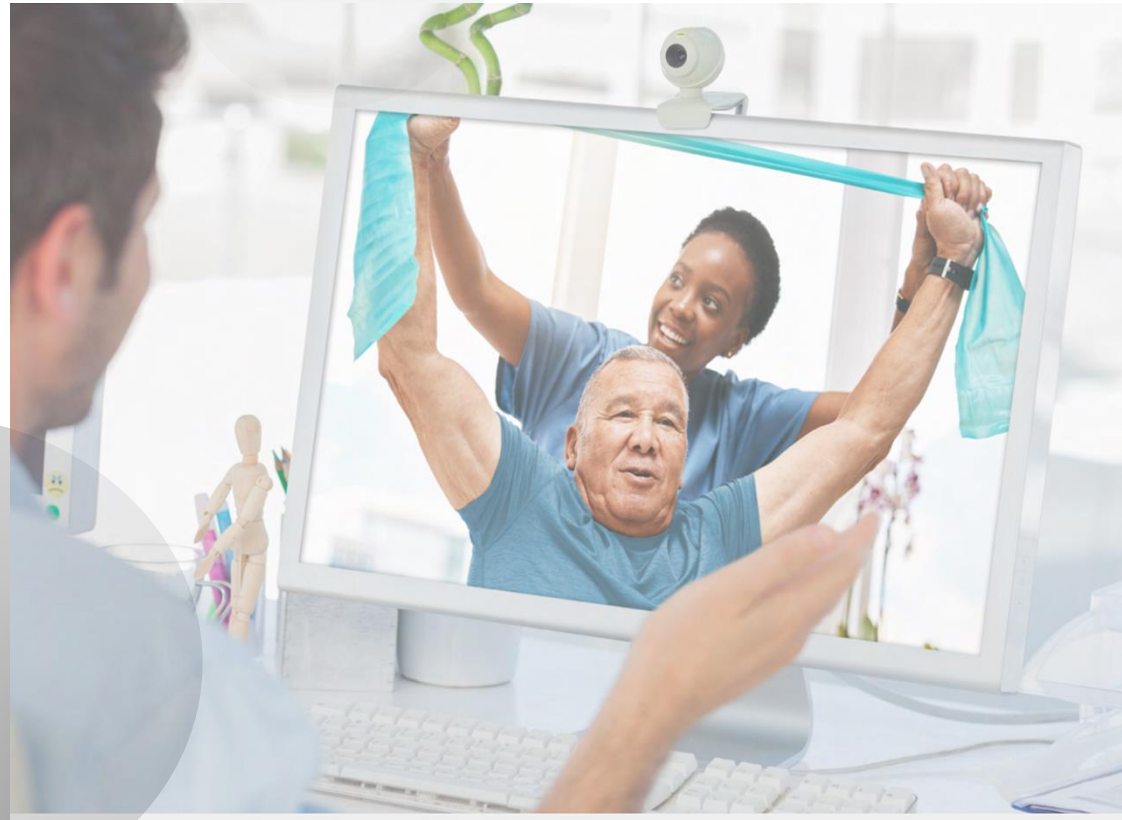
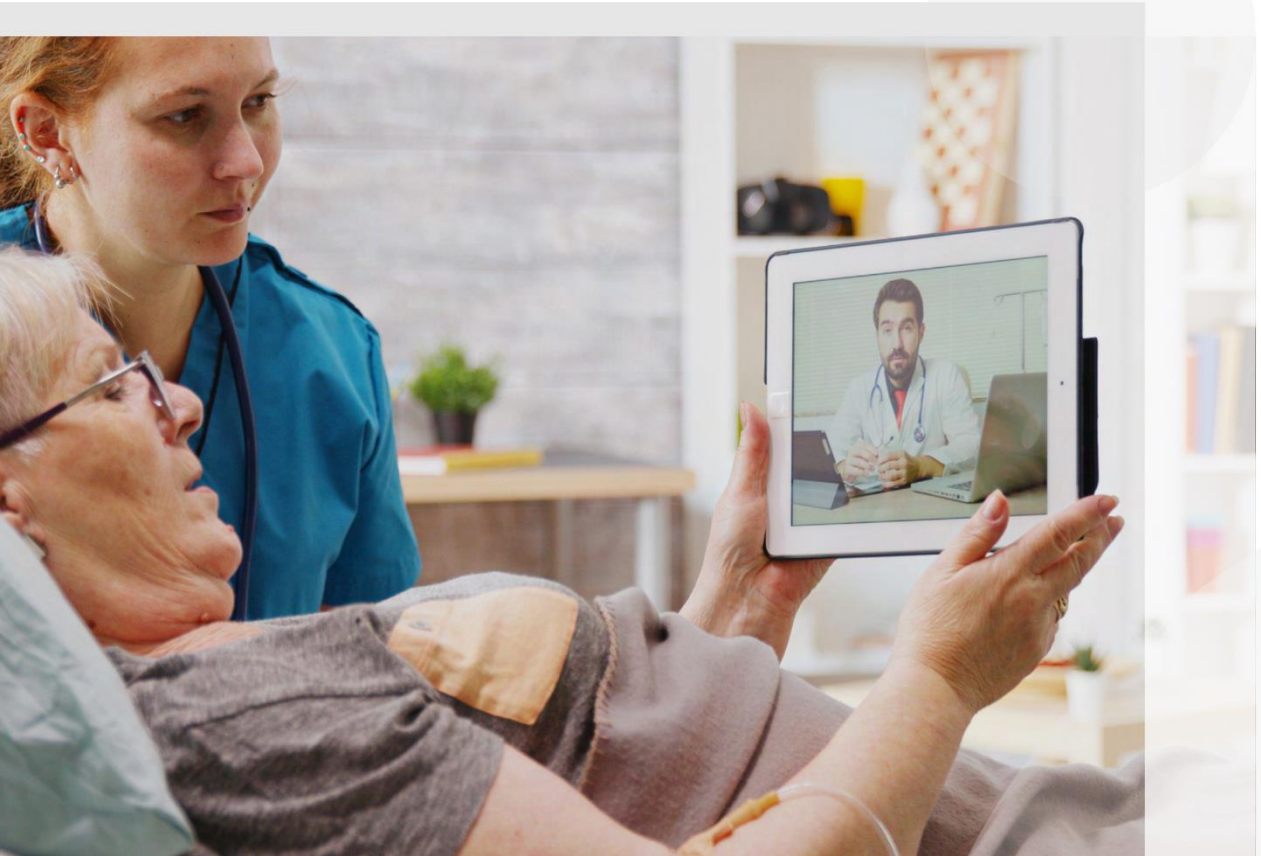
- Developed by a partnership of 15 other PHNs and experienced training providers.
- Involves a PHN-led working group, advisory committee, and expert advisors with telehealth and aged care experience.
- Tailored to meet accreditation requirements for nurses and GPs, ensuring compliance and quality standards.
- Utilises the expertise of a learning-design developer.



Program overview

Aims



This program has three aims:

1 During COVID, the use of telehealth in aged care grew fast. But how telehealth was conducted varied greatly. This program aims to create consistency in how the aged care sector uses telehealth.

2 Evidence-based practice for telehealth in aged care, is inconsistent. This program aims to establish best available practice guidelines for all aspects of telehealth, tailored to the needs of the residential aged care sector.

3 Telehealth has both strengths and risks. And there are no consistent or rigorous methodologies for amplifying those strengths and controlling those risks. This program aims to help aged care homes embrace the opportunities telehealth provides and manage its risks.

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Program Structure

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Diagnostic

An optional up-front 'diagnostic' helps personalise the training to each individual's needs

Streams

Two learning streams to recognise the unique needs of residential aged care vs clinicians.

Themes

Inside each stream there are series of eLearning modules, grouped into themes:

1. General
2. Infrastructure
3. Logistics and support
4. Best practice
5. Models of care
6. Troubleshooting

eLearning Modules

Short

Each 6-minute module allows for flexible completion, fitting into busy schedules.

Practical

Includes benefits, examples, best practices via video, and implementation checklists/resources.

Accessible

Plain language, Closed Captions and videos

Supplementary Resources

A variety of resources to help aged care providers and clinicians to implement telehealth

Accreditation

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There are 9 sets of short modules in this training and each set provides 30 minutes endorsed CPD for GPs and nurses (practitioners, registered and enrolled).

GPs and nurses may also claim additional CPD hours where they have explored additional research, reflected on their practice, or engaged in implementation of the learning.

RACGP CPD Approved Activity — Educational Activities 0.5 hours

ACRRM CPD ACCREDITED ACTIVITY 2023-2025

This training is endorsed by the following organisations:

ACRRM

RACGP
Royal Australian College *of* General Practitioners

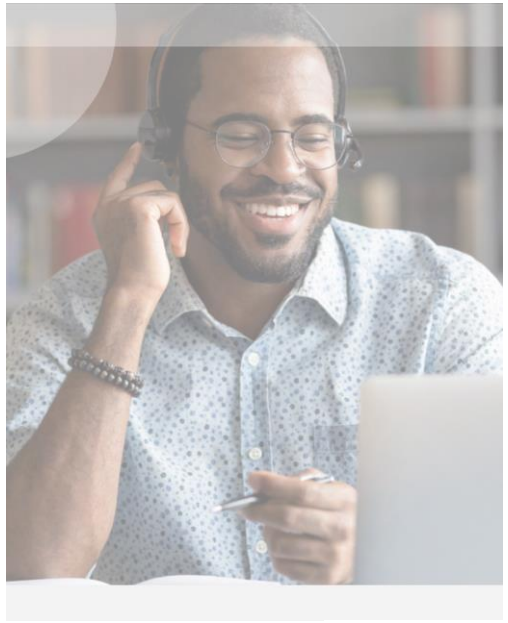
ACN Accreditation in progress

Who is it for?

Onsite staff and clinicians

working inside aged care settings.

This includes not just personal care workers, but also nurses, specialists, managers and other staff working in aged care settings. The program is tailored to the needs of this audience by focusing not only on the practical aspects of telehealth, but also how interactions with clinicians can be supported and enabled by aged care staff, residents, their families and carers.



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Remote clinicians and other health professionals

providing medical, health and wellbeing services to the aged care sector.

This includes not just GPs, but also medical specialists and allied health professionals like counsellors, dietitians and physiotherapists. The program is tailored to the needs of this audience by focusing not only on the practical aspects of telehealth, but also on the models of care most typically associated with aged care patients like wound care and geriatrics.

Why should you do it?

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Comprehensive and targeted

Personalised

Holistic

> *"Telehealth has given our staff the support to connect with a clinician. We are able to escalate clinical concerns timely which provides early intervention and avoids unnecessary hospital transfers. We have used telehealth for wound reviews, infection management and end-of-life care. I believe this has provided our residents with choice, dignity and respect."*
>
> - Trudy Hetherington, Care Manager

How does it work?

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Refresh

Reuse the material as required to refresh training for staff, and to deliver training to new staff

Monitor

Support staff as they work through the learning and monitor progress towards telehealth best practice BAU

Accredit

GPs and nurses can claim CPD hours for this training upon competition

Customise

Where needed, customise the training and the supplementary resources to your organisation's needs before implementation.

Marketing

Use the supplementary resources to promote the training within your organisation and to your residents and their families

Rollout

Link to the hosted content or upload the eLearning modules to your Learning Management System and enroll relevant staff

Support

Support the uptake od telehealth as business-as-usual by ensuring all relevant policies, procedures and practices are in place

Maintain

Maintain telehealth best practices by updating systems and material in line with regulatory and quality standards

Implementation and Rollout: Bringing Plans to Life

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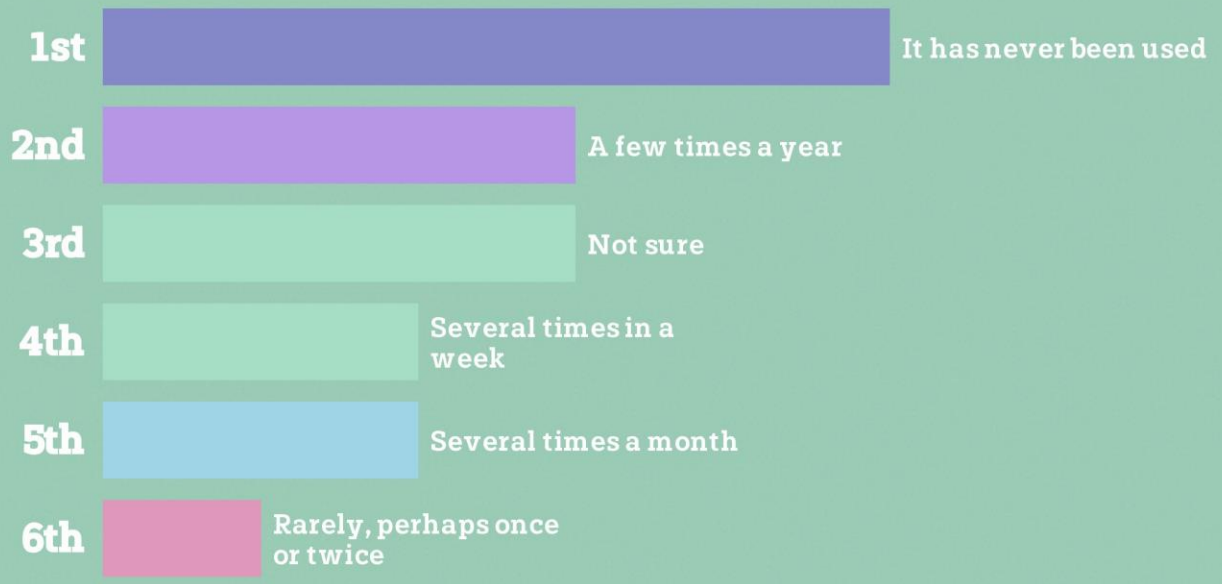
- Final preparations are underway to provide you access to the training.
- Training will be promoted to head offices and individual facilities.
- Nursing agencies will be able to access the training to prepare agency nurses.
- The training will be available nationwide.
- Access to module packs and installation into existing Learning Management System (LMS) will be provided directly.
- Access through the Aged Care Learning Information Solution (Alis) will be facilitated.
- The rollout is anticipated by the middle of the year.
- Subscribe to the RACH bulletin for further updates.

Mentimeter

How frequently do you utilise the telehealth equipment acquired through the grant?



16

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How do you prepare…

…before telehealth consultation

Essential Tips for Successful Telehealth Consultations

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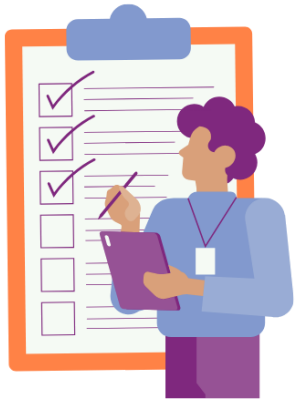

Before the consultation

- Set the consultation up - *so Everyone is Prepared*
- Review the Space

During the consultation

- Obtain consent for telehealth consultations
- Offer and provide resident and provider support as needed

What might happen after the consultation?

- RACH staff: Share, record notes
- Healthcare providers may offer to:
  - Maintain patient records
  - Document consultations
  - Note follow-up actions and report technical issues

What telehealth challenges is your facility currently facing?

69 responses

20

Mentimeter

In your opinion, what is necessary to overcome these challenges?

GP to utilise technology first

Education

Education of families

Education more awareness

Widespread education in community prior to coming to aged care would benefit clients and family

GP training

On site awareness programme

Training to all staff including GPs/ Specialists so we have the same understanding

14

Mentimeter

In your opinion, what is necessary to overcome these challenges?

GP acknowledgement

Gp training

GP training

GP training & education to families

Provide continual education to staff and residents on the success of telehealth

Wifi bosters

Nurses competence in clinical assessment

GP to be more open to do Telehealth

14

Mentimeter

In your opinion, what is necessary to overcome these challenges?

Negotiate both, maybe first week is onsite visit and second week is Telehealth. Telehealth representatives should come onsite to work with staff and observe barriers to gain better understanding.

Upgrade Wifi/internet connection

Dr document in real time

Practice software

14

Is there anything else that should be considered?

MyMedicare

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Introduction to Voluntary Patient Registration and the General Practice Aged Care Incentive (GPACI)

my medicare

Sharon Pepper

Program Coordinator Engagement
and Digital Health

Gold Coast
Primary Health Network

INCREASING ACCESS TO PRIMARY CARE

Tripling of bulk billing incentives - $3.5 billion over 5 years
Supports GPs to bulk bill Australians who feel cost of living pressures most acutely

Reform of MBS General Practice Attendance Items - $98.2 million over 5 years
Higher rebates for consultations of 60 minutes or longer

GP levels C and D phone consultations - $5.9 million over 5 years
Longer GP telehealth consultations for MyMedicare registered patients

Implementation of MyMedicare - $19.7 million over 4 years
A new voluntary patient registration model to deliver continuity of care

General Practice in Aged Care Incentive - $112.0 million over 4 years
Incentive payment for quality GP care for MyMedicare registered RACH residents

Wraparound primary care for frequent hospital users - $98.9 million over 4 years
Incentive payment for wraparound, tailored care for MyMedicare registered patients with complex chronic conditions

Reform of general practice incentives program - $60.2 million in 2023-24
Review and redesign of current incentive programs and 1 year extension of PIPQI

Chronic Wound Consumable Scheme for patients with diabetes - $47.8 million over 5 years
Eligible patients with a chronic wound and diabetes will have access to more affordable wound care

Reform of after hours programs - $143.9 million over 2 years
Review and redesign of primary care after hours programs and services, extension of PHN afterhours programs and support for the homeless and multicultural communities

Supporting health, care and support services in thin markets - $47.2 million over 4 years
Trials of market-strengthening approaches for care services in thin markets, and supporting intervention where primary care fails, or is unsustainable.

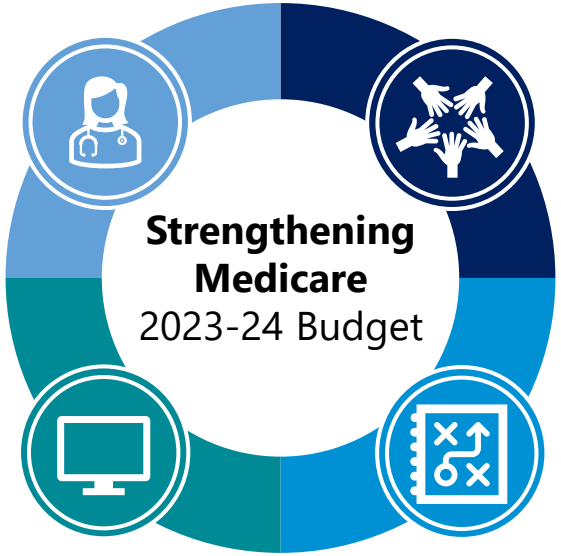
Reducing disparity in access to primary care - $29.1 million over 2 years
Funding for the Royal Flying Doctors Service to support remote communities

Improving First Nations cancer outcomes - $238.5 million over 4 years
Builds capacity of ACCHSs to respond to and support cancer care needs on the ground

Reformed opioid dependency treatment program through community pharmacy - $377.3 million over 4 years
Local pharmacy support for Australians who need treatment for opioid dependency

Expanding pharmacist scope of practice to deliver National Immunisation Program vaccines -$114.1 million over 5 years
Pharmacists funded to administer NIP vaccines at no cost to patients

Medicare Urgent Care Clinics - additional funding - $358.5 million over 5 years
Funding for 8 additional Medicare UCCs, with 58 clinics funded to open their doors in 2023



MODERNISING PRIMARY CARE

Securing the Australian Digital Health Agency to lead Digital Enablement of Healthcare - $325.7 million over 4 years
ADHA to become ongoing entity to deliver important digital health infrastructure

Investing in a modernised My Health Record - $429.0 million over 2 years
Improving accessibility and compatibility so patients can access and securely share data

Intergovernmental agreement on national digital health - $126.8 million over 4 years
Renewed for four years to progress secure information sharing across health system

Health Delivery Modernisation: enabling reform - $69.7 million over 4 years
Enhance MyMedicare, digitise additional health services, and better connect health data to improve access to services for customers and health professionals

Strengthening electronic prescribing and targeted digital medicines enhancements - $111.8 million over 4 years
Electronic prescription delivery infrastructure and services

ENCOURAGING MULTIDISCIPLINARY TEAM-BASED CARE

Workforce Incentive Program to increase payments to support multidisciplinary team care - $445.1 million over 5 years
Increased incentive payments and indexation for team-based multidisciplinary care

Primary Health Network commissioning of multidisciplinary teams - $79.4 million over 4 years
PHN commissioning of allied health and nurses in smaller and solo practices

Single Employer Models for rural health professionals - $4.5 million over 5 years
GP registrars in regional community practices retain employment benefits

Improving patient care through MBS nurse practitioner services - $46.8 million over 4 years
30% MBS rebate increase, PBS medicine prescription, removal of collaborative arrangements

Education for the future primary care workforce - $31.6 million over 2 years
Support IMG learning and development and transition of the Puggy Hunter Memorial Scholarship Scheme to management by a First Nations organisation

Expand the nursing workforce to improve access to primary care and scholarships for primary care nurses and midwives - $60.9 million over 4 years
Scholarships and clinical placements to build the primary care nurse pipeline

National scope of practice review (part of above measure) - $3.0 million over 2 years
Review of barriers/incentives for all health professionals to work to full scope of practice

SUPPORTING CHANGE MANAGEMENT AND CULTURAL CHANGE

Consumer Engagement in Primary Care Reform - $13.0 million over 4 years
CHF and FECCA funded to drive consumer engagement in primary care reform

Monitoring and evaluation - $6.1 million over 4 years
Development of framework and support for an Implementation Oversight Committee

MyMedicare: Voluntary Patient registration

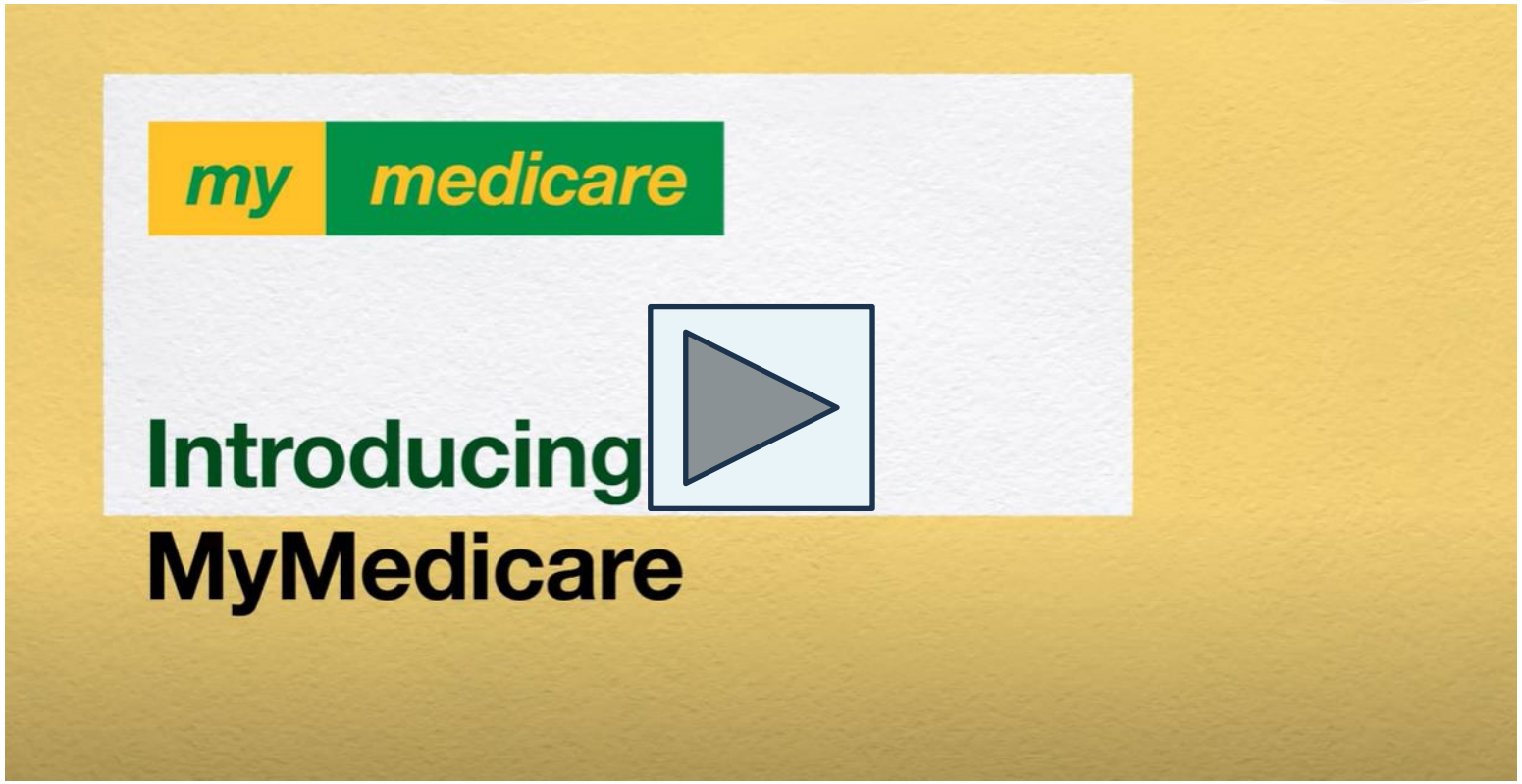
phn GOLD COAST

An Australian Government Initiative

"Patients can enrol with a general practice registered with MyMedicare, to get better continuity of care and easier access to telehealth consultations. MyMedicare will provide practices with more comprehensive information about their regular patients, while giving patients and their care team access to additional funding packages, tailored to their health needs."

(Budget 2023 papers, stakeholder pack)

What is MyMedicare



Please watch this video to gain a better understanding of what MyMedicare is

MyMedicare

- Benefits of MyMedicare
- Eligibility
- How to register
- Changing preferred practices or GP’s
- Withdrawing your registration

The Benefits of registering with MyMedicare

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- A formalised relationship with your general practice or GP leading to greater continuity of care, which has shown to improve health outcomes.
- Longer Medicare Benefit Scheme (MBS) funded telehealth consultations with your GP.
- Triple bulk bill incentives available for longer telehealth consultations for children under 16 and Commonwealth Card Concession card holders, from 1 November 2023.
- More regular visits with your GP and better care planning for people living in residential aged care homes, from August 2024
- Connection to more appropriate care in general practice for people who visit hospital frequently, from mid 2024
- If you choose not to register for MyMedicare, you'll still be able to access the same quality of care from your healthcare providers.

What is MyMedicare

Please watch this video to better understand how to register for MyMedicare

Patient Eligibility for MyMedicare

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- A Medicare card or Department of Veterans' Affairs Veteran Card and
- Face-to-face visits recorded with the same practice (these can be off site regarding RACH visits).

(One visit in remote areas or two in other areas within a 24-month period)

People who are facing hardship will be exempt from all eligibility requirements.
Parents/guardians and children can be registered at the same practice if one of them is eligible and registered.

How to register for MyMedicare

(from 1 October 2023)

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Your chosen practice must be accredited and registered for MyMedicare before you can register.

Register on your Medicare Online Account (My Gov) or through the Express Plus Medicare Mobile app

Your practice can start your registration electronically, for your acceptance.

Fill out a registration form at your chosen practice.

MyMedicare Registration form (health.gov.au)

Registering for MyMedicare using a Medicare or DVA Veterans Card

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You can register using either a Medicare or DVA Veterans Card

You can only have one registration, which will apply to any relevant Medicare and/or DVA-funded services, regardless of which card you use to register.

If you choose to register using a DVA Veterans card, you will need to complete manual registration form at your chosen practice.

Registering for MyMedicare for Residential Aged Care Home residents

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- Residents are eligible to register if they have a valid Medicare Card or Department of Veterans' Affairs (DVA) Veteran Card.

- RACH residents can register in MyMedicare by completing a manual registration form (downloaded by themselves or supplied by their GP or General Practice) or online through their Medicare Online Account or Express Plus Medicare Mobile app. They won't need to physically attend a practice for the purpose of completing their registration.

- Registrations can be initiated by the practice and consented to by the patient or initiated by the patient and accepted by the General Practice

MyMedicare – How to register

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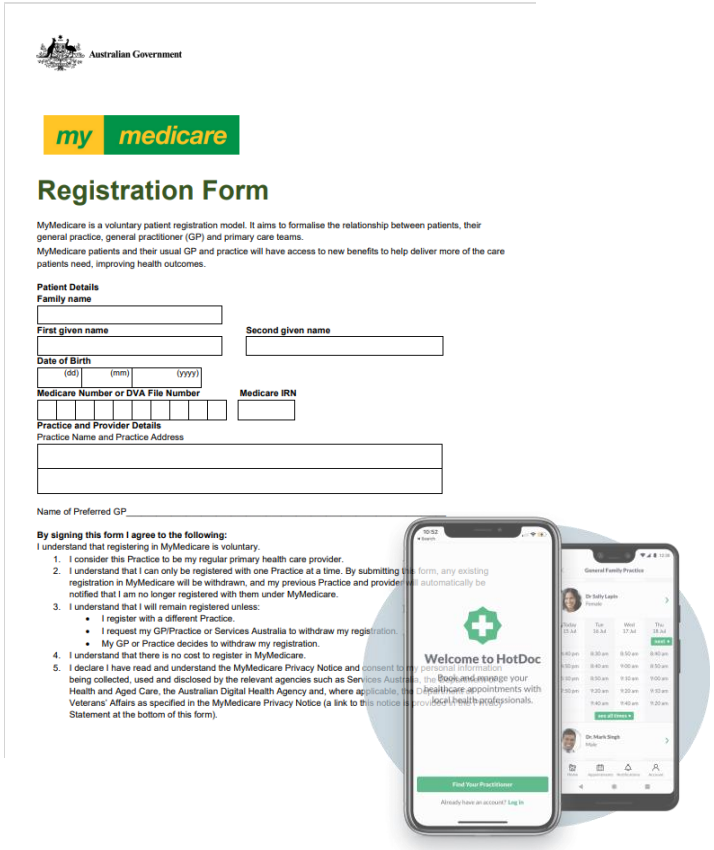
1. Patient Registration Form



Australian Government

my medicare

Registration Form

MyMedicare is a voluntary patient registration model. It aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams.
MyMedicare patients and their usual GP and practice will have access to new benefits to help deliver more of the care patients need, improving health outcomes.

Patient Details
Family name

First given name **Second given name**

Date of Birth
(dd) (mm) (yyyy)

Medicare Number or DVA File Number **Medicare IRN**

Practice and Provider Details
Practice Name and Practice Address

Name of Preferred GP

By signing this form I agree to the following:
I understand that registering in MyMedicare is voluntary.

1. I consider this Practice to be my regular primary health care provider.
2. I understand that I can only be registered with one Practice at a time. By submitting this form, any existing registration in MyMedicare will be withdrawn, and my previous Practice and provider will automatically be notified that I am no longer registered with them under MyMedicare.
3. I understand that I will remain registered unless:
   - I register with a different Practice.
   - I request my GP/Practice or Services Australia to withdraw my registration.
   - My GP or Practice decides to withdraw my registration.
4. I understand that there is no cost to register in MyMedicare.
5. I declare I have read and understand the MyMedicare Privacy Notice and consent to my personal information being collected, used and disclosed by the relevant agencies such as Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and, where applicable, the Department of Veterans' Affairs as specified in the MyMedicare Privacy Notice (a link to this notice is provided in the Privacy Statement at the bottom of this form).

2. Express Plus App/Medicare Online

3. Pending Registration (practice invitation)

Registration – Medicare Express Plus App

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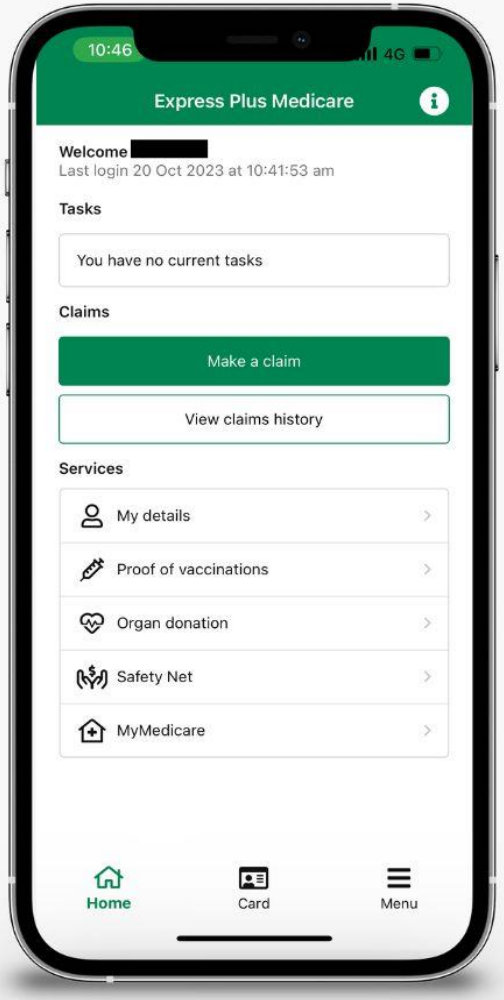

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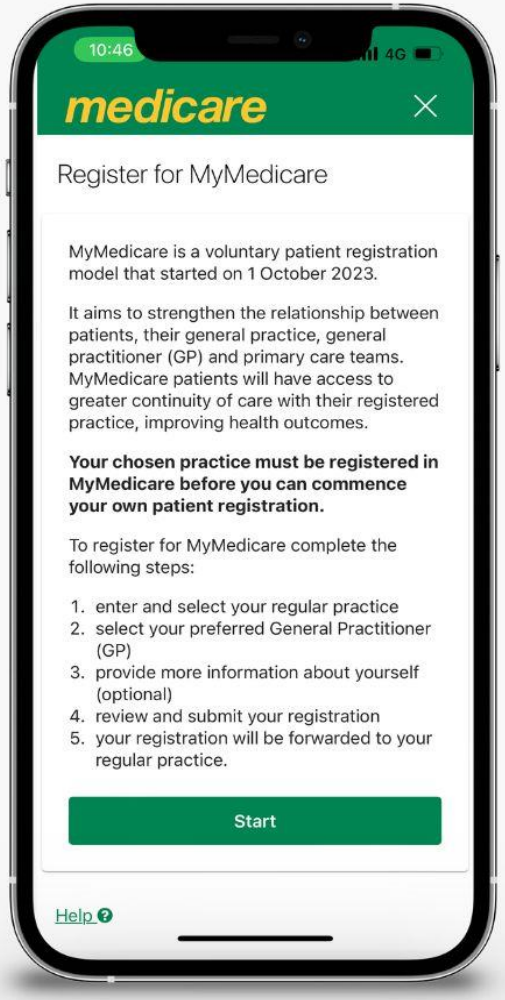

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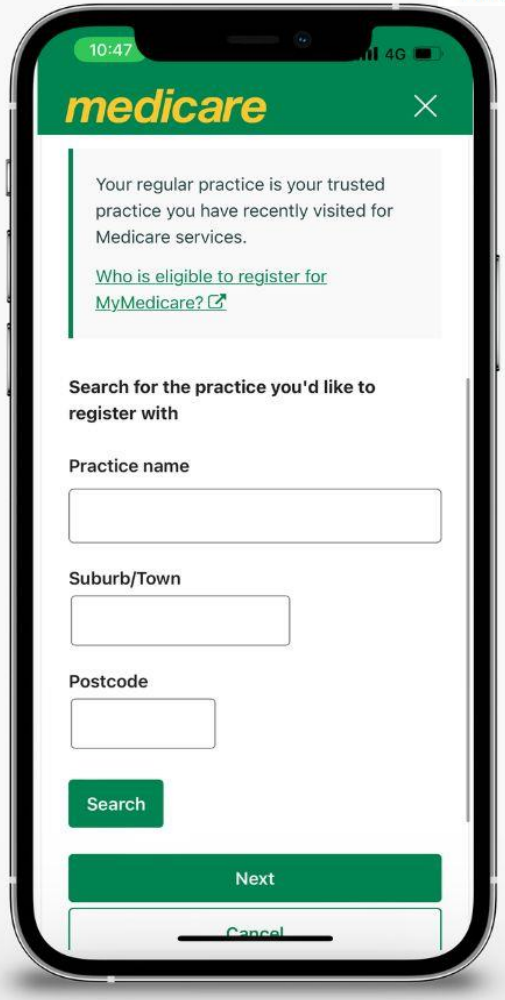

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Registration – Medicare Express Plus App

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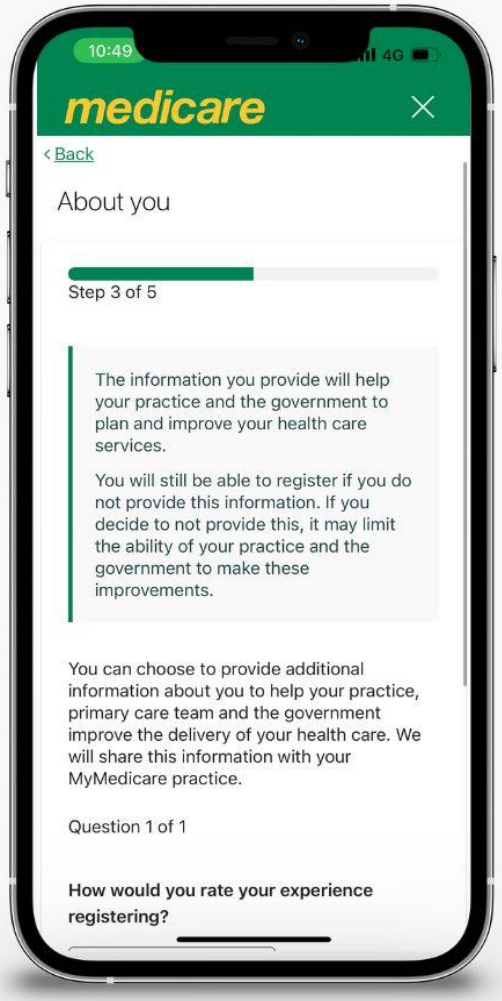

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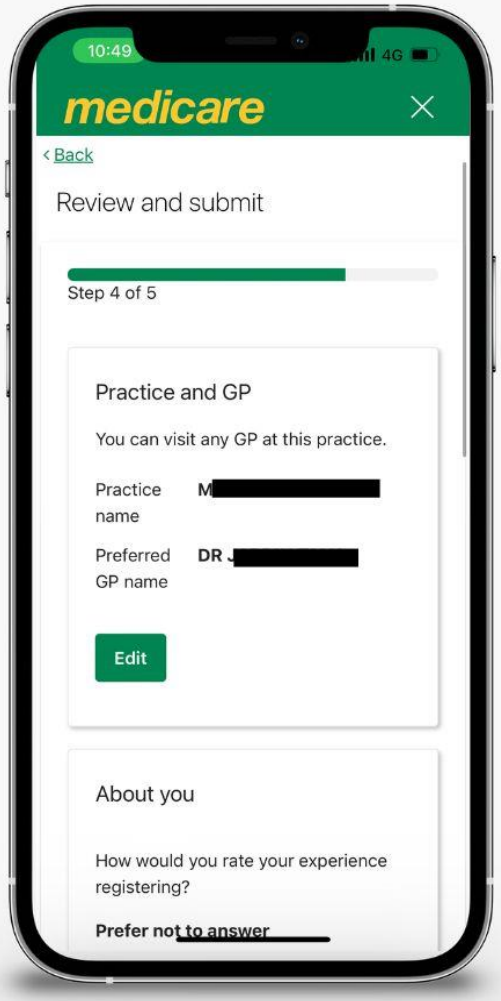

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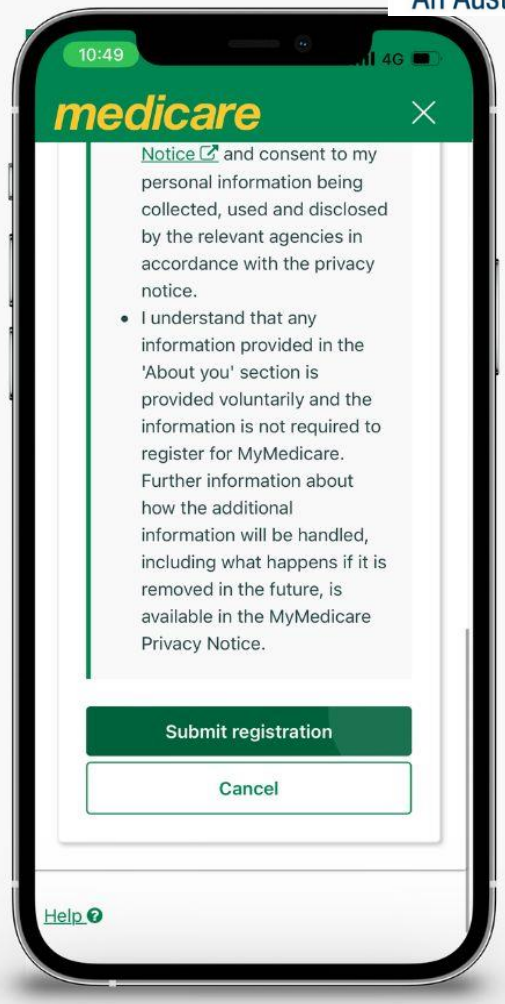

6

Registering for MyMedicare for Residential Aged Care Home residents

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Where a patient is incapable of providing consent, as for other Medicare arrangements, a responsible person can consent on their behalf.

‘**Responsible person**’ means an adult person accompanying the patient or in whose care the patient has been placed, including the parent or guardian, a person who holds power of attorney or a guardianship order, or the legally recognised next of kin.

General Practice in Aged Care Incentive (GPACI)

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- The Australian Government is investing $112 million over 4 years in the General Practice in Aged Care Incentive (GPACI) to support every aged care resident to receive quality primary care services from a regular GP and practice.

- From 1 August 2024, GPs and practices registered in MyMedicare will receive incentives for providing their registered patients who permanently live in a RACH with regular visits and better care planning, improving continuity of care and reducing avoidable hospitalisations. RACH residents will be required to be registered in MyMedicare and the GP linked to the patient's registered practice for GPs to access the GPACI.

General Practice in Aged Care Incentive (GPACI)

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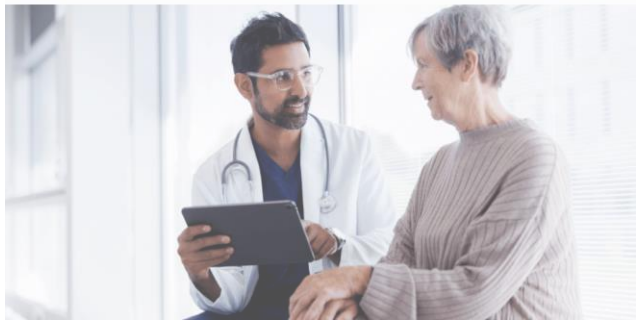
- Practices and GPs are encouraged to register their RACH patients in MyMedicare as a priority from 1 October 2023 to fully benefit from the GPACI.
- RACH patients who are registered in GPACI will be exempt from the 2 face-to-face visits eligibility criteria for MyMedicare.

my medicare

MyMedicare is here!



More information to come in regard to the following:

- PHNs will be assisting RACHs to match residents with a regular primary care provider in MyMedicare where they do not have one.

Changing preferred practices or GPs

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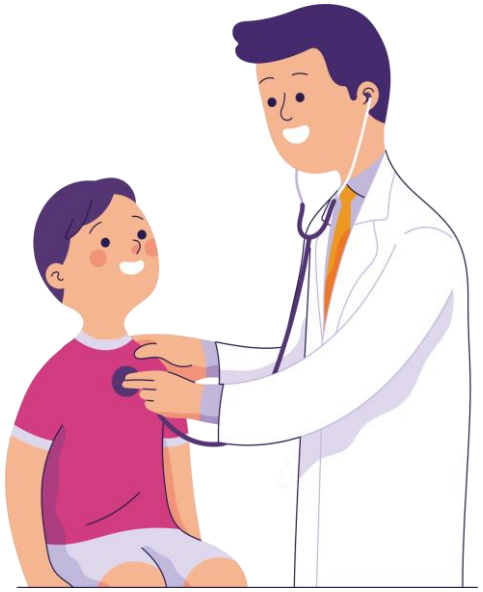
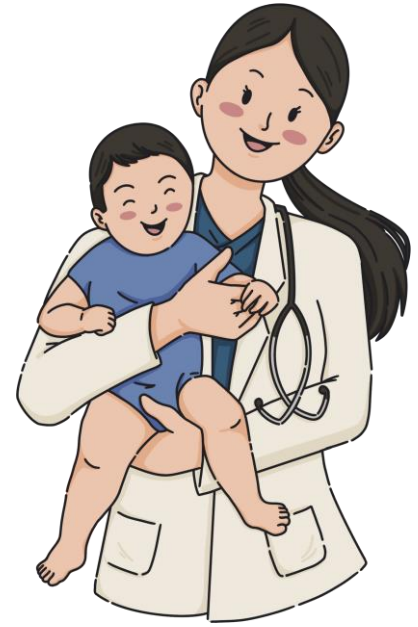
- MyMedicare does not tie you to one particular healthcare provider
- You can change your preferred GP within your registered practice at any time



- You can follow your GP to a new practice without any face to face visits (as long as the new practice is registered for MyMedicare)
- You can transfer your registration to a different practice if you meet the eligibility requirements, and the practice is also accredited and registered.



How do patients withdraw their registration

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They can choose to withdraw from MyMedicare at any time by:

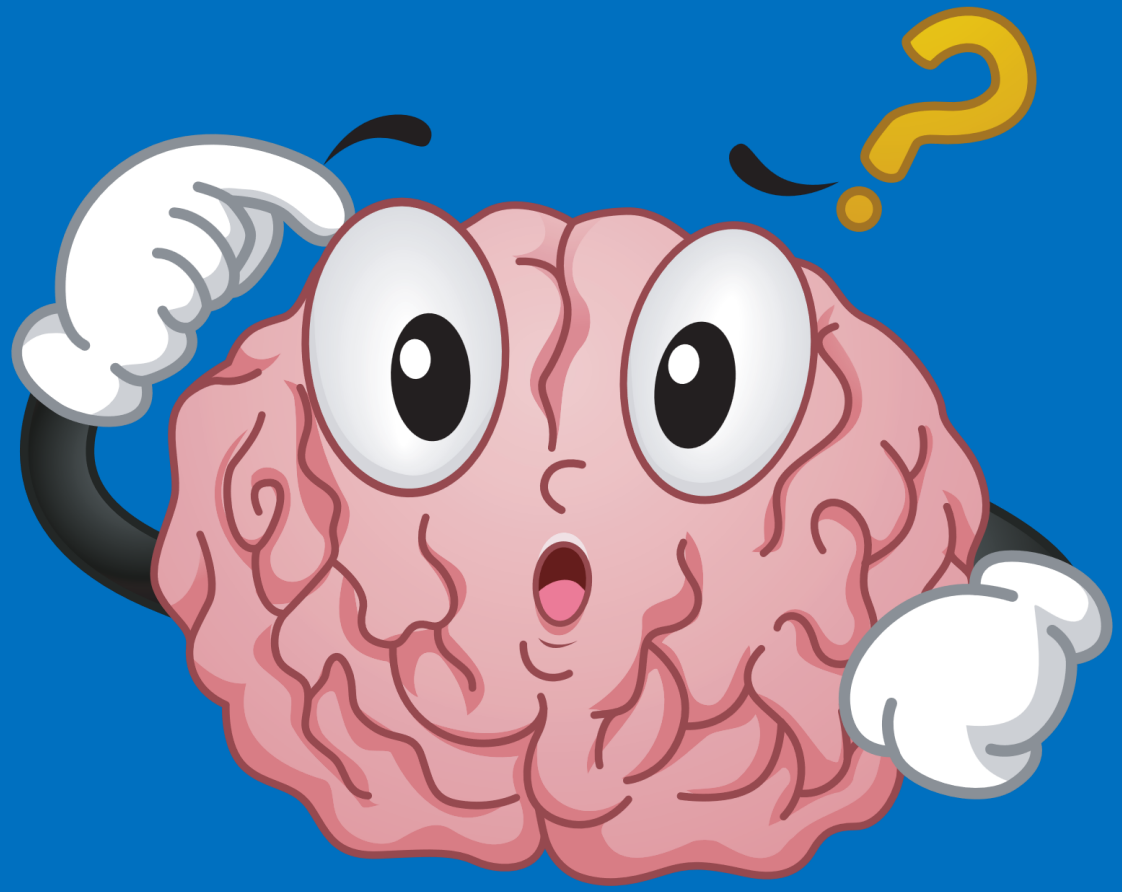
- Using their Medicare Online Account (MyGov) or Express Plus Medicare Mobile app
- Contact their GP or practice and notify them that they want to withdraw their registration from MyMedicare.
- Contact Services Australia directly and request to have their MyMedicare registration withdrawn.
- If patients register at a different practice, this will automatically withdraw any previous registration and notify the practice

Australian Government
Department of Health and Aged Care

Talk to your regular general practice or GP about registering in MyMedicare, or find out more at health.gov.au/mymedicare

Scan this QR code for registration information

Questions



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time for a

break!

enjoy

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My Health Record and Aged Care

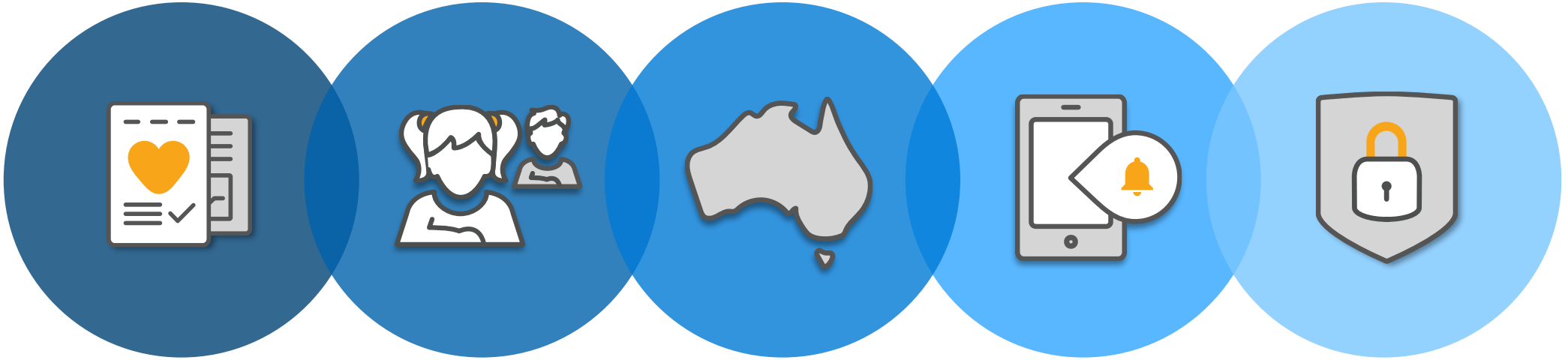
Aleksandar Stojkovski

Senior Project Officer Engagement and Digital Health

Gold Coast Primary Health Network

What is My Health Record?

What is My Health Record?



An online summary of an individual's key health information

Personally controlled

Part of a national system

Accessible at all times

Protected

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Australian Digital Health Agency

Statistics and insights

February 2024

What is **INSIDE**?

There are over

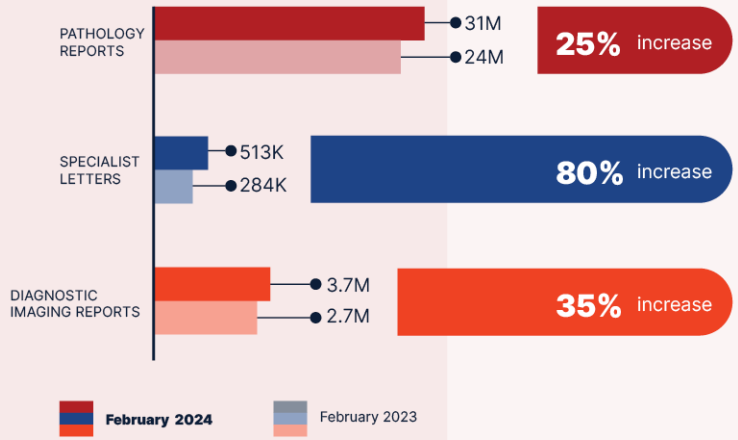
1.2 Billion

documents in the system that have been uploaded by **consumers** or **healthcare providers**.

Clinical Documents	Medicine Documents	Consumer Documents
501M	**743M**	**510K**
uploaded by a healthcare provider like hospitals, pathologists and increasingly specialists.	uploaded by healthcare providers like pharmacists and GPs.	uploaded by people.

How are **PEOPLE** using it?

Increased views in the last 13 months



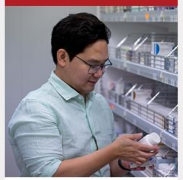
How are **HEALTHCARE PROVIDERS** using it?

GP

99% of GPs are now registered

99% have used My Health Record

Pharmacy



99% of pharmacies are now registered

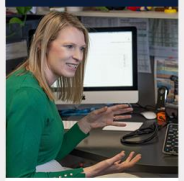
99% have used My Health Record

Public Hospital

97% of public hospitals are now registered

95% have used My Health Record

Specialist



50% of specialists are now registered

28% have used My Health Record

Aged Care

33% of aged care are now registered

6% have used My Health Record

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Australian Digital Health Agency

My Health Record documents

Healthcare provider documents

- Shared health summaries
- Discharge summaries
- Event summaries
- Prescription and dispense records
- Specialist letters
- Pharmacist Shared Medicines List (PSML)
- Diagnostic Imaging reports
- Pathology reports
- Goals of Care
- eReferrals
- Residential care transfer reason*
- Residential care health summary*
- Residential care medication chart*

*Functionality coming soon

Medicare information

- Prescription information-PBS and RPBS
- Australian Immunisation Register-AIR
- Australian Organ Donor Register-AODR
- Medicare Services-MBS and DVA items
- MyMedicare information

Consumer entered information

- Personal health summary
- Advance Care Planning documents
- Emergency contacts
- Childhood development

Overviews

*Functionality coming soon

Benefits of My Health Record

Health sector

✓Improved continuity of care

✓ Reduced duplication and wasted resources

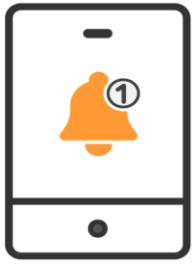
✓Streamline information into one secure location

Healthcare provider organisation

✓ Reduce time spent gathering health information

✓ Improved decision support

✓ Saves time in an emergency



Individuals

✓ Enhanced patient self-management

Improvements in patient outcomes

Privacy and access control settings

A patient can choose to restrict access to specific documents in their My Health Record by setting a Limited Document Access Code (LDAC).
Only organisations approved in the LDAC can access those documents.

A patient can restrict access to their entire record using a Record Access Code (RAC).

In a consultation, the patient will need to give you the code to allow access to their record.

A patient can choose to remove documents at any time.

Patients can choose to receive an SMS or email alert when a health provider organisation accesses their My Health Record.

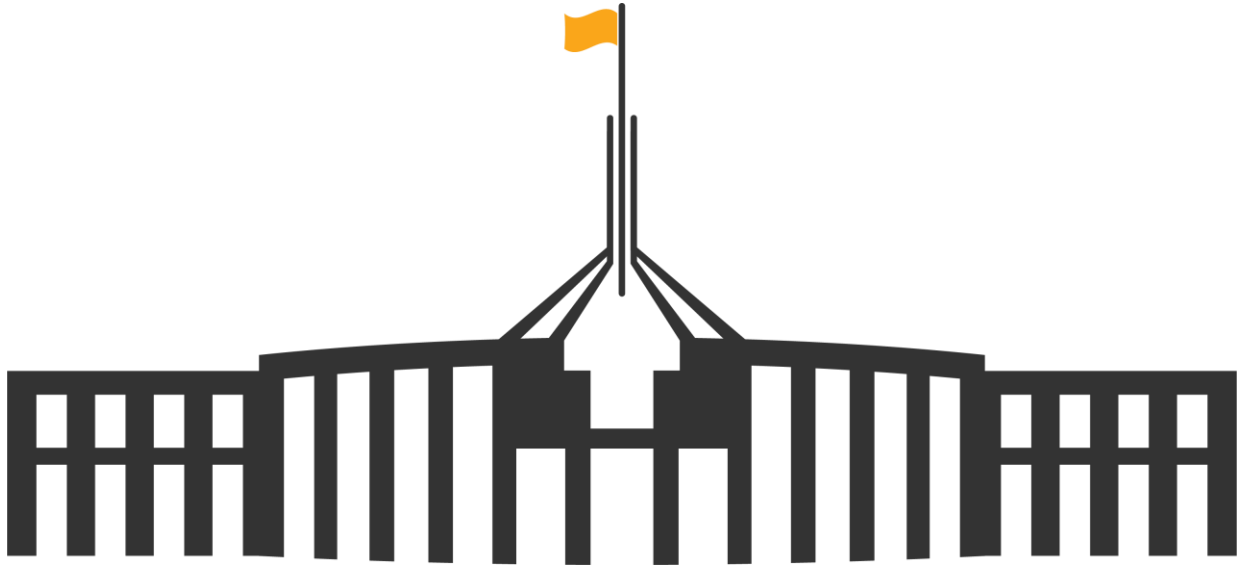
All instances of access to My Health Record are monitored and logged.

My Health Record legislation

The My Health Record system is supported by a legislative framework that sets controls around who can access the system and the information contained within.

Relevant acts and instruments include:

- Privacy Act 1988
- My Health Records Act 2012
- My Health Records Regulation 2012
- My Health Records Rule 2016
- Healthcare Identifiers Act 2010



My Health Record security

- Many safeguards are in place to protect the My Health Record system.
- These include strong encryption, firewalls, secure login processes and audit logging.

- The Agency's Cyber Security Centre monitors the system.
- Health information in the system is protected by legislation.
- Significant penalties apply for deliberate misuse.

- All data within the My Health Record system is stored securely in Australia.
- External software goes through a conformance process before it is allowed to connect.

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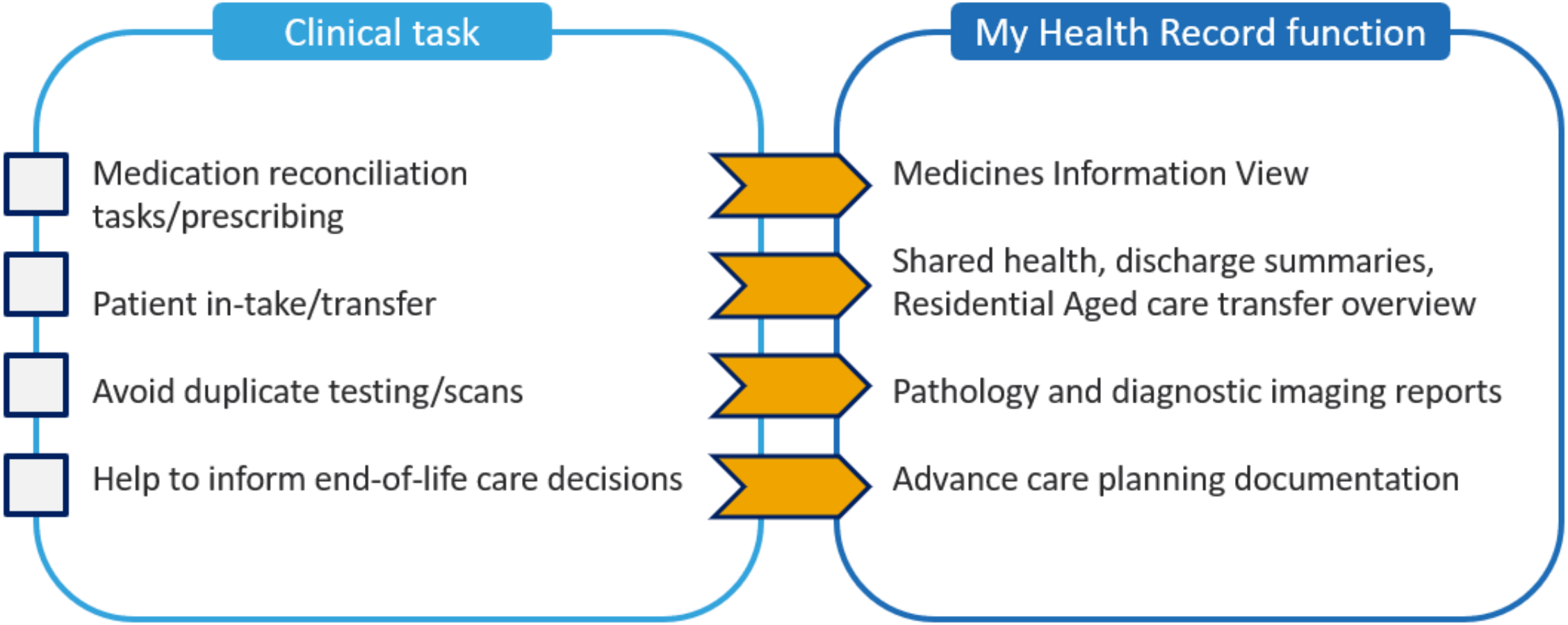
An Australian Government Initiative

Australian Government
Australian Digital Health Agency

Adding value to clinical practice

Which My Health Record functions are of high-value in the RACH setting?



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Australian Government
Australian Digital Health Agency

How does My Health Record and other Digital Health tools help the Aged Care Sector?

Please watch this video to learn about My Health Record and other digital health tools in aged care.

How do healthcare providers and consumers utilise My Health Record?

Healthcare providers

View

- Conformant software
- National Provider Portal

Upload

- Conformant software

Consumers

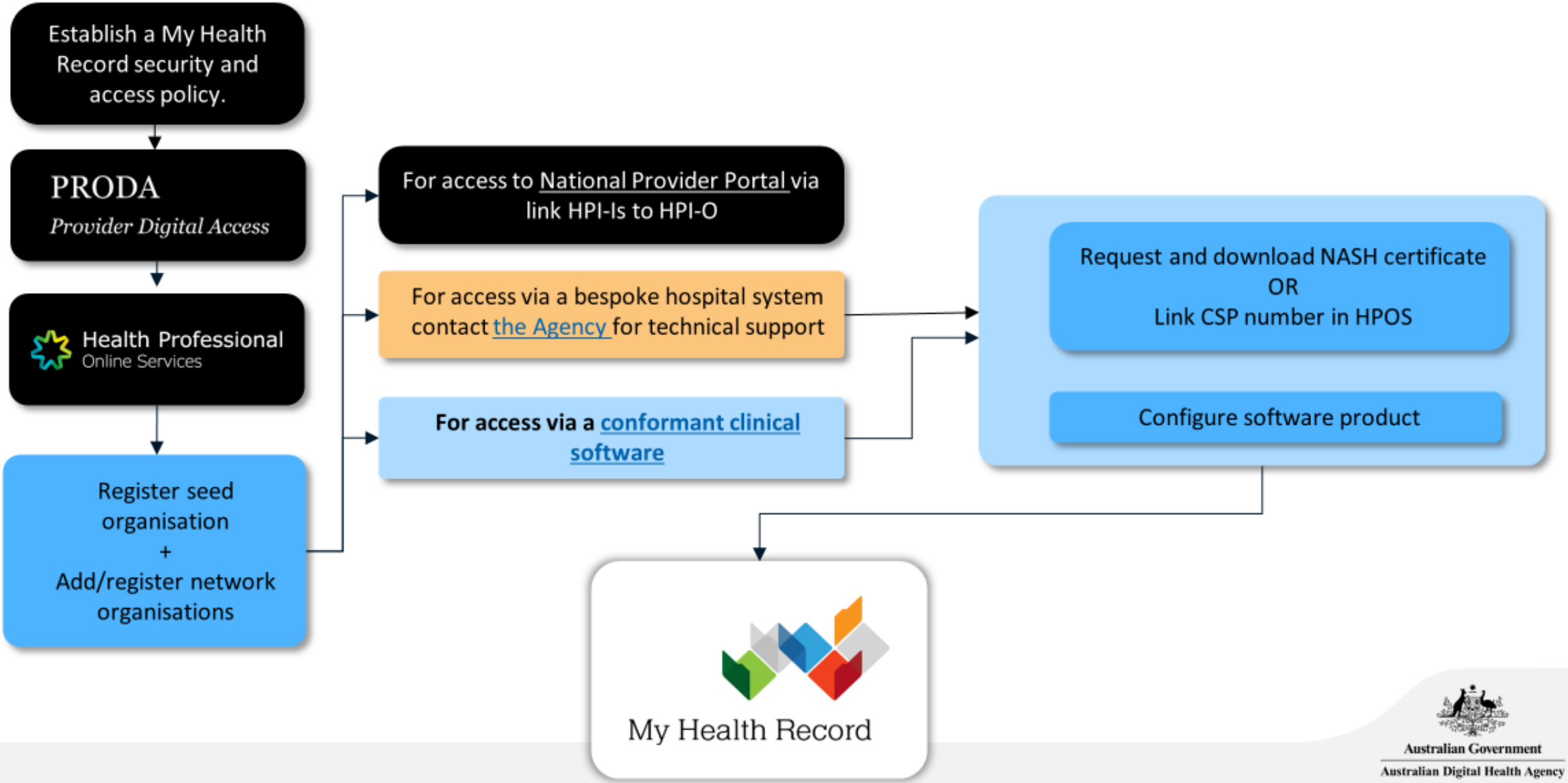
View

- Log in to My Health Record through myGov
- **my health** app
- healthdirect app
- HealthNow app

Add information

- Log in to My Health Record through myGov

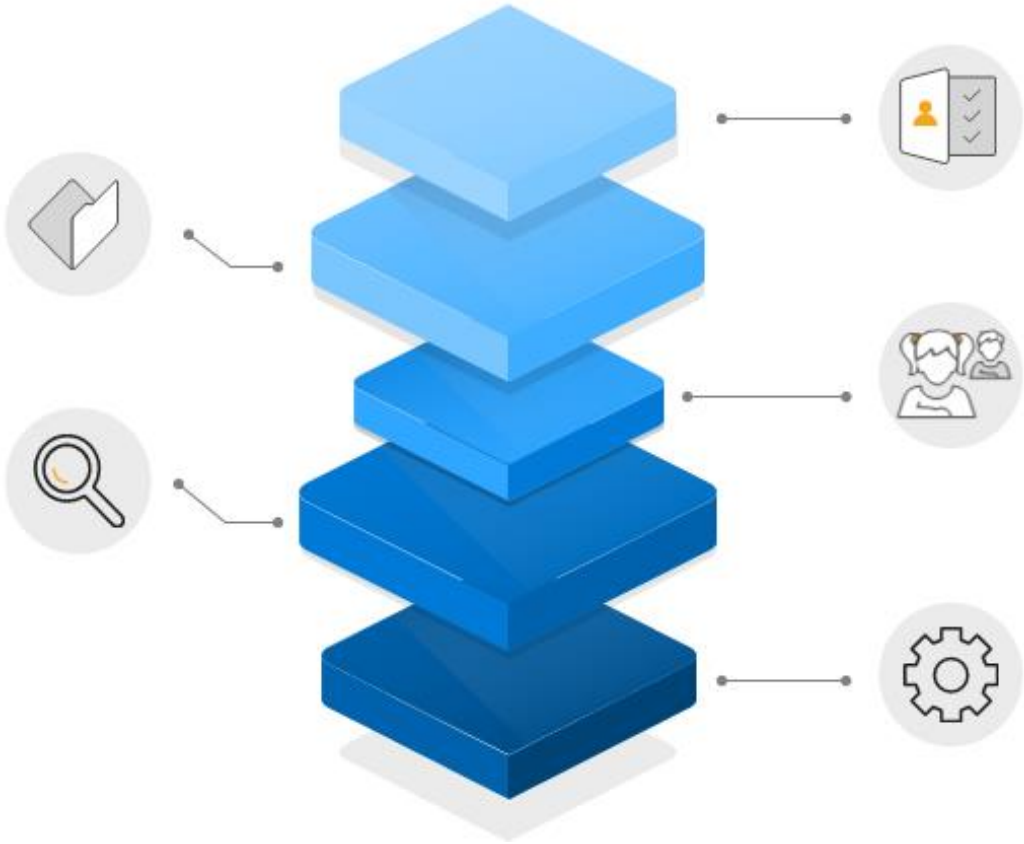
My Health Record – organisation registration steps



My Health Record
What do healthcare organisations need to do?

Register and set up access

Confirm the process to access My Health Record for authorised staff



Ensure there is My Health Record security and access policy

Train staff and ensure they are familiar with policies in place

Ongoing participation and obligations

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Australian Digital Health Agency

Key Roles

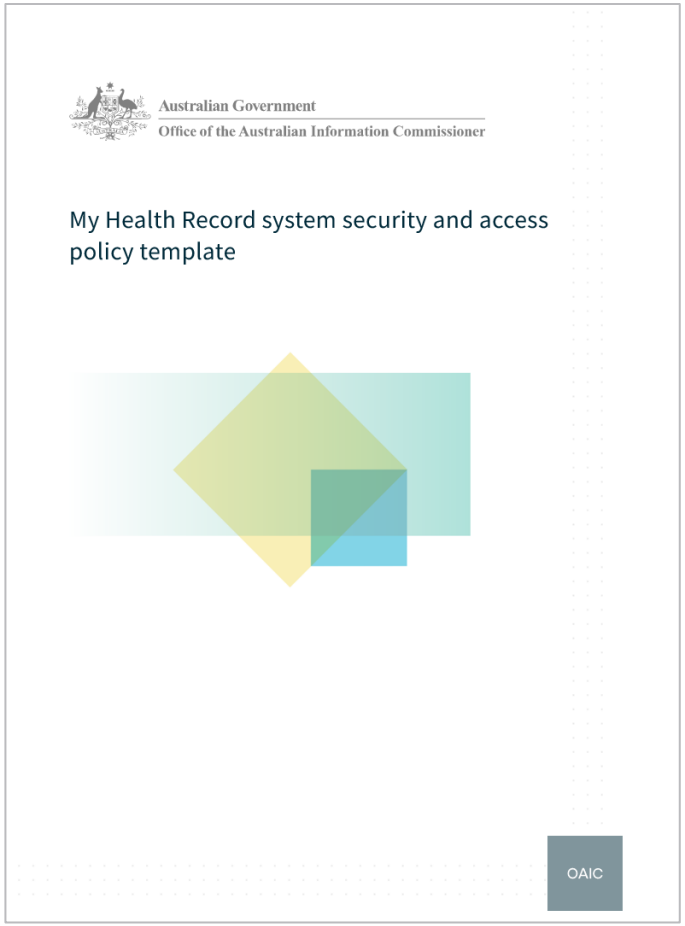
RO
Responsible Officer

- Usually the business owner or CEO
- Must initiate the HPI-O registration process
- Authority to act on behalf of the healthcare organisation and ensures the organisation and its employees' compliance with legislation

OMO
Organisation Maintenance Officer

- A business can have multiple OMOs
- Responsible for the day-to-day administration of the HI service
- They often have the responsibility of developing and implementing the My Health Record security and access policy.

Resources to support



Support for formalising My Health Record Security & Access Policy

- Office of the Australian Information Commissioner (OAIC) template and guidance
  https://www.oaic.gov.au/privacy/guidance-and-advice/security-and-access-policies-rule-42-guidance
- Digital Health website – Participation obligations & policy checklist
  https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/register-and-set-up-access/participation-obligations
- eLearning Module – Developing a My Health Record Security and Access Policy for your Organisation
  https://training.digitalhealth.gov.au/enrol/index.php?id=65
- Security and access policy guidance for sole traders
  https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/register-and-set-up-access/participation-obligations/security-and-access-policy-guidance-for-sole-traders
- Data Breaches
  https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/data-breaches
- My Health Record Training Opportunities
  https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record#education-and-training

Review your policy at least annually

What may change?

- Responsible Officer or Organisational Maintenance Officer
- Security measures
- Staff using the My Health Record system

When else might I need to update it?

- When a data breach has occurred, and risks have been identified

Ongoing user account management

There are information security measures such as:

- Restricting access
- Having a unique identification for each individual

- Having passwords and/or other access mechanisms
- Regularly reviewing passwords

- De-activating access to My Health Record for those who no longer need it
- Suspending a user account, when an account has been compromised

Getting connected

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1. Obtain HPI-Is for all clinical staff who will be using My Health Record

- ❑ AHPRA registered healthcare providers can request their number
- ❑ Non-AHPRA healthcare providers can request a HPI-I from Services Australia, if they are eligible

2. Setting up access

- ❑ Option 1: accessing via conformant software
- ❑ Option 2: accessing via the National Provider Portal (NPP)
- ❑ Optional 3: Accessing via hospital applications

Need help registering?
Contact us
Phone: 1300 901 001 during business hours
Email: help@digitalhealth.gov.au
You can also contact your local Primary Health Network for further support

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Penalties for misuse of information

- There are significant fines and penalties for inappropriate or unauthorised access to health information in an individual's My Health Record.

- Healthcare providers are authorised to use My Health Record for the purpose of providing healthcare, subject to any access controls the individual may have set.

- Any unauthorised use of emergency access is considered a contravention of the *My Health Records Act 2012* and may constitute an interference with privacy under the *Privacy Act 1988*

Examples of inappropriate use

The emergency access function is not designed to be used for the following:

- to check whether any restricted documents exist
- to gain access when an individual has forgotten the access code they have set
- to view your own My Health Record or a record of a family member
- to demonstrate how to use the emergency access function

Unauthorised use of the emergency access function is subject to **civil and/or criminal penalties** under the *My Health Records Act 2012*.

Authorised representatives

- Responsible for managing a My Health Record for someone who can’t manage their own.
- A person who has parental responsibility, legal authority or is otherwise appropriate to act on an individual's behalf.
- Typically, a parent, carer, family member, legal guardian or someone with enduring power of attorney.
- Has complete access and control over their dependant's record, as if it was their own.

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Nominated representatives

- Nominated representatives can help access or manage your health information when you cannot.
- What your nominated representatives can do in your record depends on the level of access you give them.
- You have complete control over what your nominated representatives can see and do in your record.
- You will need to invite the individual you wish to be your nominated representative to give them access to your record.

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Caleb's healthcare journey

RN

GP

Caleb

- 86 years old
- Recently had a fall at home that led to a fractured neck of femur
- Hospitalised and required surgery
- Has been transferred to a RACH

Pharmacist

Carer

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My Health Record conformant software vendors

13 vendors are now conformant through the First Aged Care Industry Offer

	Software vendor	Product	Software type	
1	Acredia	My Axis	CIS	eMMS
2	Best Practice Software Pty Ltd	Bp Premier	CIS	
3	Compact Systems Australia	Emma		eMMS
4	Health Metrics Pty Ltd	eCase	CIS	eMMS
5	Humanetix Pty Ltd	Humanetix ACE	CIS	
6	Leecare Solutions	Platinum 6	CIS	eMMS
7	Manad Trust/Management Advantage	Manad Plus	CIS	
8	Medi-Map Group Pty Ltd	Medi-Map		eMMS
9	MPS Connect	Healthstream		eMMS
10	Modeus Pty Ltd	DiamondCare		eMMS
11	Person Centred Software Pty Ltd	PCS	CIS	
12	Telstra Health	Clinical Manager (iCare)	CIS	
13	Unleashed Technology	AutumnCare	CIS	eMMS

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Software vendors participating in Second Aged Care Industry Offer

Nine vendors expected to achieve My Health Record conformance and/or ACTS functionality by mid-2025

	Software vendor	Product	Completed ACIO 1 and/or conformant	Software type	
1	Acredia	Acredia/Rx	✓	CIS	eMMS
2	Best Health Solutions Pty Ltd	BESTMED	✓		eMMS
3	Care Monitor	Care Monitor		CIS	
4	Carelynx Holdings Pty Ltd	CareLynx		CIS	
5	Compact Systems Australia	emma	✓		eMMS
6	Health Metrics Pty Ltd	eCase	✓	CIS	eMMS
7	Medi-Map Group Pty Ltd	Medi-Map	✓		eMMS
8	Medimetrix Pty Ltd	MADIE		CIS	
9	Strong Room Technology Pty Ltd	StrongCare			eMMS

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How will healthcare providers access the My Health Record system?

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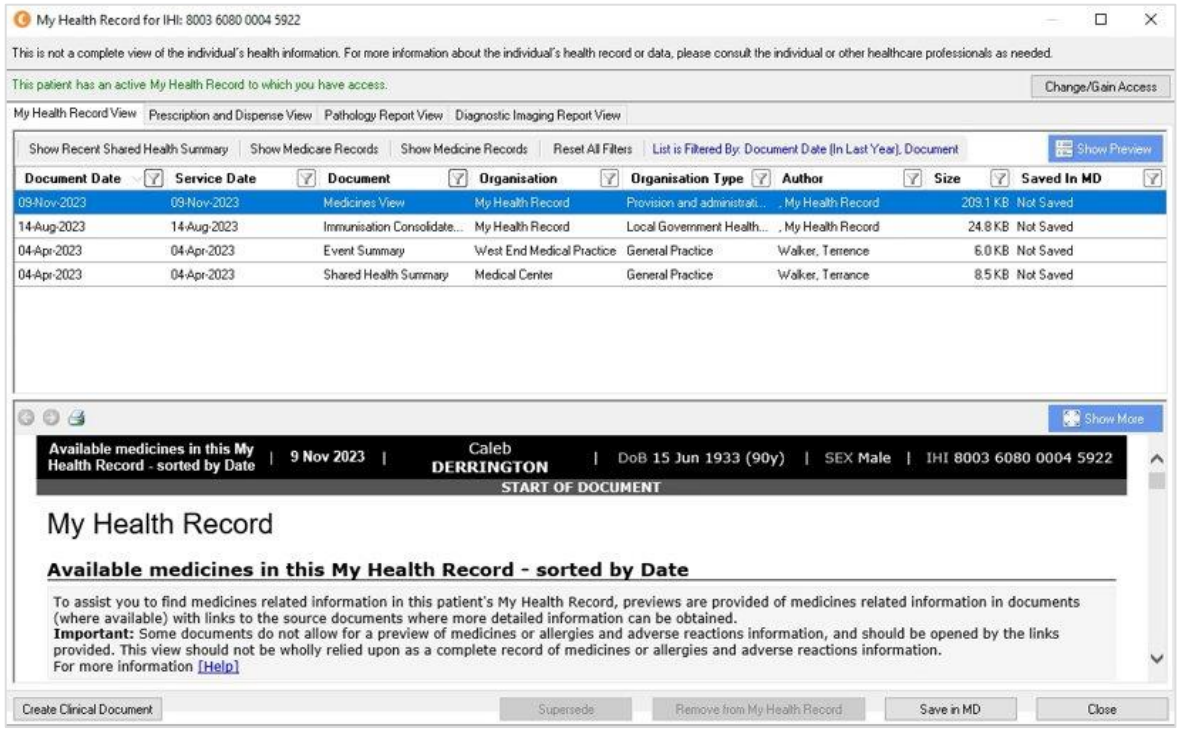
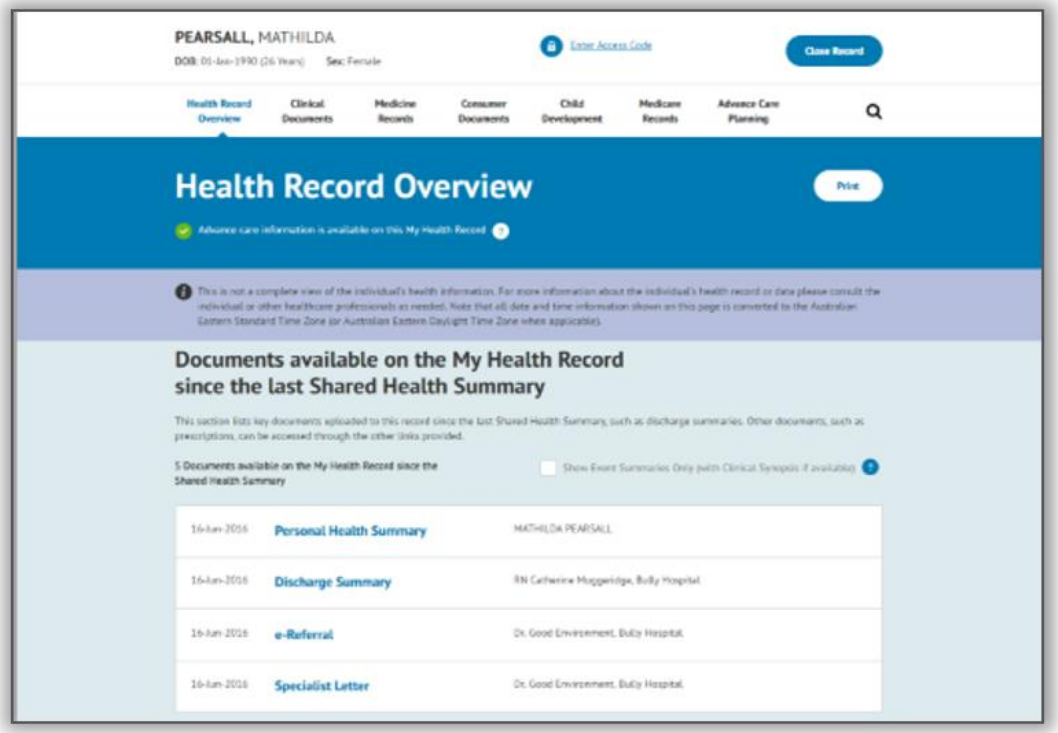
Clinical Information System (CIS) conformant with My Health Record

National Provider Portal (NPP)





Register of Conformity
www.digitalhealth.gov.au > Conformant clinical software products

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Medicines View

Allergies and Adverse Reactions	Medicines Preview	Shared Health Summary	Discharge Summary
Bee Sting, Penicillin, Morphine, Tramadol, Peanuts	10-Jun-2018 to 14-Dec-2020 (4 months ago)	10-Jun-2018 (3 years ago) **Author:** RN Jenny Hoffler SHA2 HPIO	18-Oct-2019 (17 months ago) **Author:** Emily Jenkins Accenture3 tel:(02) 4734 2000 fax:(02) 4734 2904 * More recent than the Shared Health Summary

[Back to top] [<] First [<<] Previous [Help]

Medicines Preview - Latest Documents, Prescriptions with no later dispenses - sorted by descending event date.
10-Jun-2018 to 14-Dec-2020 (4 months ago)

Source/Author	Date	Medicine - Active Ingredient(s)	Medicine - Brand	Dose/Directions
Prescription Record by Test Health Service 696	14-Dec-2020 (4 months ago)	ESOMEPRAZOLE MAGNESIUM TRIHYDRATE	esomeprazole Tablets 20mg	Dose is unavailable Prescribed for Heartburn Issues maagement.
e-Referral by Test Health Service 499	02-Apr-2020 (12 months ago) changed		Dicloxacillin 500mg	One capsule four times daily for Wound infection left leg - prior vein graft for CABG.
	cancelled		**CANCELLED:** Tramadol 50mg (Reason: Confusion)	Take as directed for Pain.
	ceased		**CEASED:** Tramadol 50mg (Reason: Vomiting)	Take as directed for Pain.
	suspended		**SUSPENDED:** Tramadol 50mg (Reason: Constipation)	Take as directed for Pain.

Immunisation Consolidated View

Immunisations - sorted by date
9 Nov 2023

Caleb **DERRINGTON** DoB 15 Jun 1933 (90 years) SEX Male IHI 8003 6080 0004 5922

Australian Immunisation Register	Immunsations	Shared Health Summary	Event Summary
Displays all the immunisation information recorded in the Australian immunisation register	All the immunisations recorded in both the Australian immunisation register and this My Health Record	04-Apr-2023 (7 months ago) **Author:** Own tel:(07) 1654 3542	04-Apr-2023 (7 months ago) **Author:** Own tel:04555555555

[Back to top] [<] First [<<] Previous [>>] Next [>] Last

Immunisations recorded in the Australian Immunisations Register

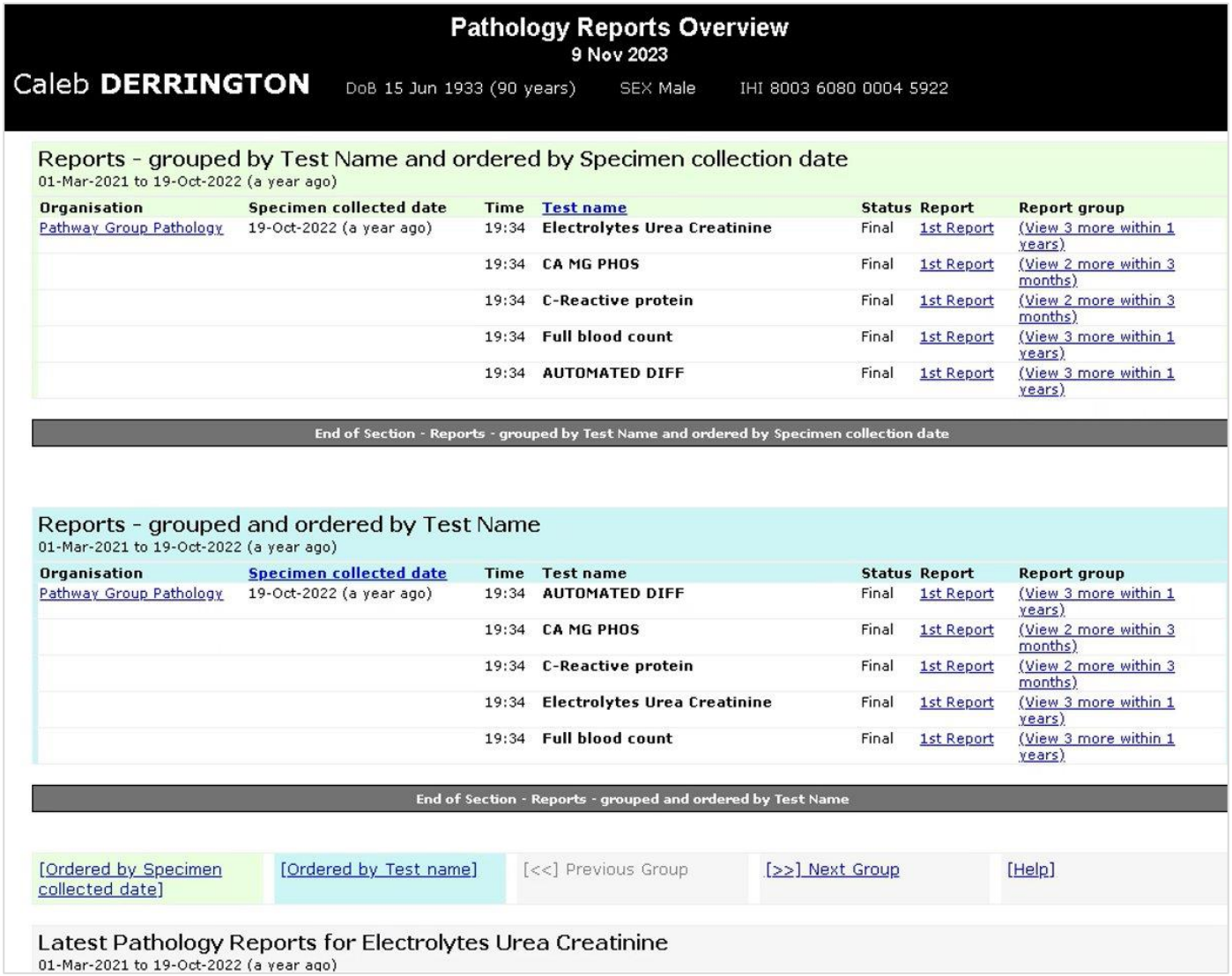
05-Jul-2017 to 04-Apr-2023 (7 months ago)

Source/Author	Date	Dose number	Immunisation - Brand	Disease/Indication
Australian Immunisation Register	04-Apr-2023 (7 months ago)	1	Fluad Quad	Influenza
Australian Immunisation Register	19-Sep-2022 (a year ago)	4	COVID-19 Vaccine Booster Pfizer	COVID-19
Australian Immunisation Register	19-Jun-2022 (a year ago)	3	COVID-19 Vaccine Booster Pfizer	COVID-19
Australian Immunisation Register	19-Apr-2022 (1 years ago)	1	Fluad Quad	Influenza
Australian Immunisation Register	27-May-2021 (2 years ago)	2	COVID-19 Vaccine AstraZeneca	COVID-19
Australian Immunisation Register	15-Mar-2021 (2 years ago)	1	COVID-19 Vaccine AstraZeneca	COVID-19
Australian Immunisation Register	01-Mar-2021 (2 years ago)	1	Fluad Quad	Influenza
Australian Immunisation Register	14-Mar-2018 (5 years ago)	1	Zostavax	Shingles
Australian Immunisation Register	05-Jul-2017 (6 years ago)	1	Pneuomovax 23	Pneumococcal

End of Section - Immunisations recorded in the Australian Immunisations Register

Back to top - Ctrl + Home

Pathology reports overview in My Health Record



Pathology Reports Overview
9 Nov 2023

Caleb **DERRINGTON** DoB 15 Jun 1933 (90 years) SEX Male IHI 8003 6080 0004 5922

Reports - grouped by Test Name and ordered by Specimen collection date
01-Mar-2021 to 19-Oct-2022 (a year ago)

Organisation	Specimen collected date	Time	Test name	Status	Report	Report group
Pathway Group Pathology	19-Oct-2022 (a year ago)	19:34	Electrolytes Urea Creatinine	Final	1st Report	(View 3 more within 1 years)
		19:34	CA MG PHOS	Final	1st Report	(View 2 more within 3 months)
		19:34	C-Reactive protein	Final	1st Report	(View 2 more within 3 months)
		19:34	Full blood count	Final	1st Report	(View 3 more within 1 years)
		19:34	AUTOMATED DIFF	Final	1st Report	(View 3 more within 1 years)

End of Section - Reports - grouped by Test Name and ordered by Specimen collection date

Reports - grouped and ordered by Test Name
01-Mar-2021 to 19-Oct-2022 (a year ago)

Organisation	Specimen collected date	Time	Test name	Status	Report	Report group
Pathway Group Pathology	19-Oct-2022 (a year ago)	19:34	AUTOMATED DIFF	Final	1st Report	(View 3 more within 1 years)
		19:34	CA MG PHOS	Final	1st Report	(View 2 more within 3 months)
		19:34	C-Reactive protein	Final	1st Report	(View 2 more within 3 months)
		19:34	Electrolytes Urea Creatinine	Final	1st Report	(View 3 more within 1 years)
		19:34	Full blood count	Final	1st Report	(View 3 more within 1 years)

End of Section - Reports - grouped and ordered by Test Name

[Ordered by Specimen collected date] [Ordered by Test name] [<<] Previous Group [>>] Next Group [Help]

Latest Pathology Reports for Electrolytes Urea Creatinine
01-Mar-2021 to 19-Oct-2022 (a year ago)

Discharge Summary

Discharge Summary

18 Sep 2022

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (89 years) SEX Male IHI 8003 6080 0004 5922

Health Profile

This section may contain the following sub-sections - Adverse Reactions and Alerts.

Adverse Reactions

Adverse Reactions

Substance/Agent	Manifestations
Phenoxymethylpenicillin	• Urticaria

Event

This section may contain the following sub-sections - Problems/Diagnoses This Visit, Clinical Interventions Performed This Visit and Clinical Synopsis and Diagnostic Investigations.

Clinical Summary

Patient brought in by daughter due to increased thirst, urination since last discharge and nausea and vomiting for 2 days. Pathology tests revealed hyperglycaemia which was treated in hospital and patient was seen by endocrinologist and put on anti-diabetic treatment.

Problems/Diagnoses This Visit

Type	Description
Problem Diagnosis	Hyperglycaemia

Medications

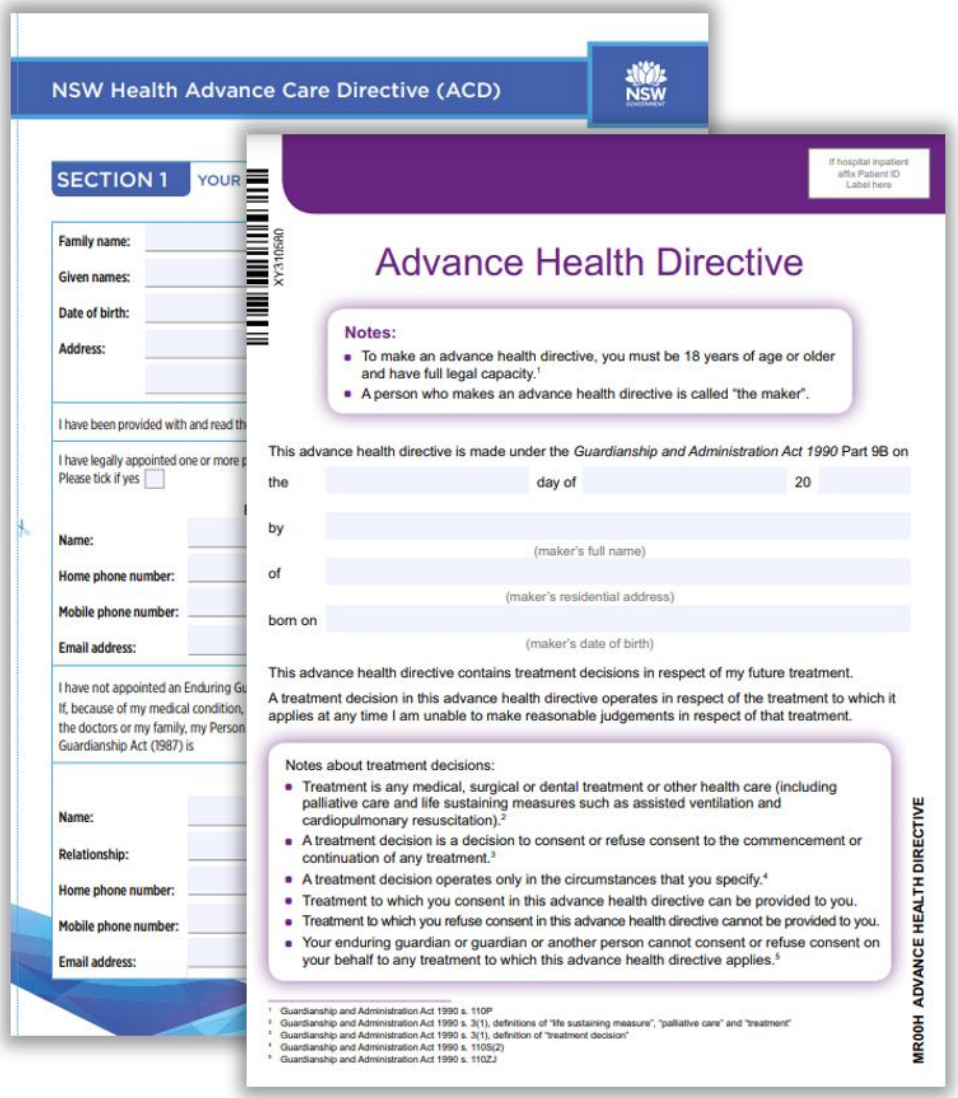
This section may contain the following sub-sections - Current Medications On Discharge and Ceased Medications.

Current Medications On Discharge

Current Medications On Discharge

Medication	Directions	Dispensed	Clinical Indication	Duration	Change Status	Change Description
Metformin 500mg	1 tablet twice a day		Type 2 Diabetes	Ongoing	NEW	
Denosumab (Prolia)	1 inj every 6 months	Given in hospital on 10 Aug 2022	Osteoporosis	Ongoing	Nil change	

Advance Care Plans and Goals of Care Documents



NSW Health Advance Care Directive (ACD)

SECTION 1 YOUR

Family name:
Given names:
Date of birth:
Address:

I have been provided with and read th

I have legally appointed one or more p
Please tick if yes

Name:
Home phone number:
Mobile phone number:
Email address:

I have not appointed an Enduring Gu
If, because of my medical condition,
the doctors or my family, my Person
Guardianship Act (1987) is

Name:
Relationship:
Home phone number:
Mobile phone number:
Email address:

If hospital inpatient affix Patient ID Label here

XY31168R0

Advance Health Directive

Notes:

- To make an advance health directive, you must be 18 years of age or older and have full legal capacity.[1]
- A person who makes an advance health directive is called "the maker".

This advance health directive is made under the *Guardianship and Administration Act 1990* Part 9B on

the _____ day of _____ 20 _____

by _____
(maker's full name)

of _____
(maker's residential address)

born on _____
(maker's date of birth)

This advance health directive contains treatment decisions in respect of my future treatment.

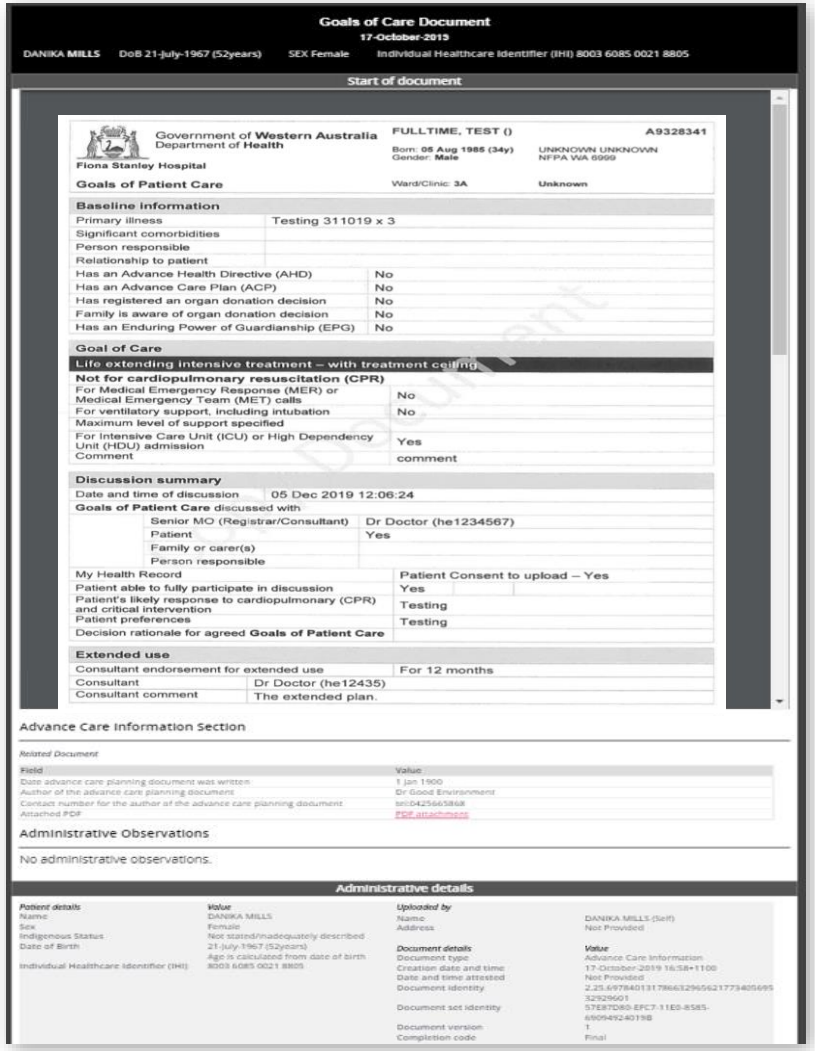
A treatment decision in this advance health directive operates in respect of the treatment to which it applies at any time I am unable to make reasonable judgements in respect of that treatment.

Notes about treatment decisions:

- Treatment is any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation).[2]
- A treatment decision is a decision to consent or refuse consent to the commencement or continuation of any treatment.[3]
- A treatment decision operates only in the circumstances that you specify.[4]
- Treatment to which you consent in this advance health directive can be provided to you.
- Treatment to which you refuse consent in this advance health directive cannot be provided to you.
- Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this advance health directive applies.[5]

[1] Guardianship and Administration Act 1990 s. 110P
[2] Guardianship and Administration Act 1990 s. 3(1), definitions of "life sustaining measure", "palliative care" and "treatment"
[3] Guardianship and Administration Act 1990 s. 3(1), definition of "treatment decision"
[4] Guardianship and Administration Act 1990 s. 110S(2)
[5] Guardianship and Administration Act 1990 s. 110ZJ

MR00H ADVANCE HEALTH DIRECTIVE



Goals of Care Document
17-October-2019
DANIKA MILLS DoB 21-July-1967 (52years) SEX Female Individual Healthcare Identifier (IHI) 8003 6085 0021 8805

Start of document

Government of Western Australia
Department of Health
Fiona Stanley Hospital

FULLTIME, TEST () A9328341
Born: 05 Aug 1985 (34y) Gender: Male
UNKNOWN UNKNOWN NFPA WA 6999
Ward/Clinic: 3A Unknown

Goals of Patient Care

Baseline Information	
Primary illness	Testing 311019 x 3
Significant comorbidities	
Person responsible	
Relationship to patient	
Has an Advance Health Directive (AHD)	No
Has an Advance Care Plan (ACP)	No
Has registered an organ donation decision	No
Family is aware of organ donation decision	No
Has an Enduring Power of Guardianship (EPG)	No

Goal of Care	
Life extending intensive treatment – with treatment ceiling	
Not for cardiopulmonary resuscitation (CPR)	
For Medical Emergency Response (MER) or Medical Emergency Team (MET) calls	No
For ventilatory support, including intubation	No
Maximum level of support specified	
For Intensive Care Unit (ICU) or High Dependency Unit (HDU) admission	Yes
Comment	comment

Discussion summary	
Date and time of discussion	05 Dec 2019 12:06:24
Goals of Patient Care discussed with	
Senior MO (Registrar/Consultant)	Dr Doctor (he1234567)
Patient	Yes
Family or carer(s)	
Person responsible	
My Health Record	Patient Consent to upload – Yes
Patient able to fully participate in discussion	Yes
Patient's likely response to cardiopulmonary (CPR) and critical intervention	Testing
Patient preferences	Testing
Decision rationale for agreed **Goals of Patient Care**	

Extended use	
Consultant endorsement for extended use	For 12 months
Consultant	Dr Doctor (he12435)
Consultant comment	The extended plan.

Advance Care Information Section

Related Document

Field	Value
Date advance care planning document was written	1 Jan 1900
Author of the advance care planning document	Dr Good Environment
Contact number for the author of the advance care planning document	src0425665868
Attached PDF	PDF attachment

Administrative Observations

No administrative observations.

Administrative details

Patient details	*Value*	*Uploaded by*	
Name	DANIKA MILLS	Name	DANIKA MILLS (Self)
Sex	Female	Address	Not Provided
Indigenous Status	Not stated/inadequately described		
Date of Birth	21-July-1967 (52years) Age is calculated from date of birth	*Document details*	*Value*
Individual Healthcare Identifier (IHI)	8003 6085 0021 8805	Document type	Advance Care Information
		Creation date and time	17-October-2019 16:58+1100
		Date and time attested	Not Provided
		Document identity	2.25.69784013178663296562177340569532929601
		Document set identity	57E87D80-EFC7-11E8-8585-6909492401b8
		Document version	1
		Completion code	Final

Shared health summary

Shared Health Summary

4 Apr 2023

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (89 years) SEX Male IHI 8003 6080 0004 5922

Adverse Reactions

Adverse Reactions

Substance/Agent	Manifestations
Penicillin	• Urticaria- Moderate

Medications

Medications

Medication	Directions	Clinical Indication
Metformin 500mg	1 tablet twice a day	Type 2 Diabetes
Denosumab (Prolia) 60mg injection	1 inj every 6 months	Osteoporosis
Ostelin Calcium and Vitamin D tablet	1 tablet daily	Osteoporosis
Escitalopram 10mg tablet	1 Tablet in the morning	Depression
Irbesartan HCTZ 300/12.5 Tablet	1 Tablet Daily	Hypertension
Rosuvastatin 20mg Tablet	1 Tablet Daily	Hyperlipidaemia
Levodopa/Benserazide (Madopar) 200mg/50mg Tablet	1 Tablet Three times a day	Parkinson's Disease
Isosorbide Mononitrate 120mg Tablet	1 Tablet Daily	Ischaemic Heart Disease
Aspirin 100mg EC tablet	1 Tablet in the morning	Ischaemic Heart Disease
Tiotropium (Spiriva) 18microg capsule	1 capsule daily in the morning using Spiriva Handihaler	Emphysema
Salbutamol (Ventolin) 100microg inhaler	1-2 puffs every 4-6 hours when required for shortness of breath	Emphysema

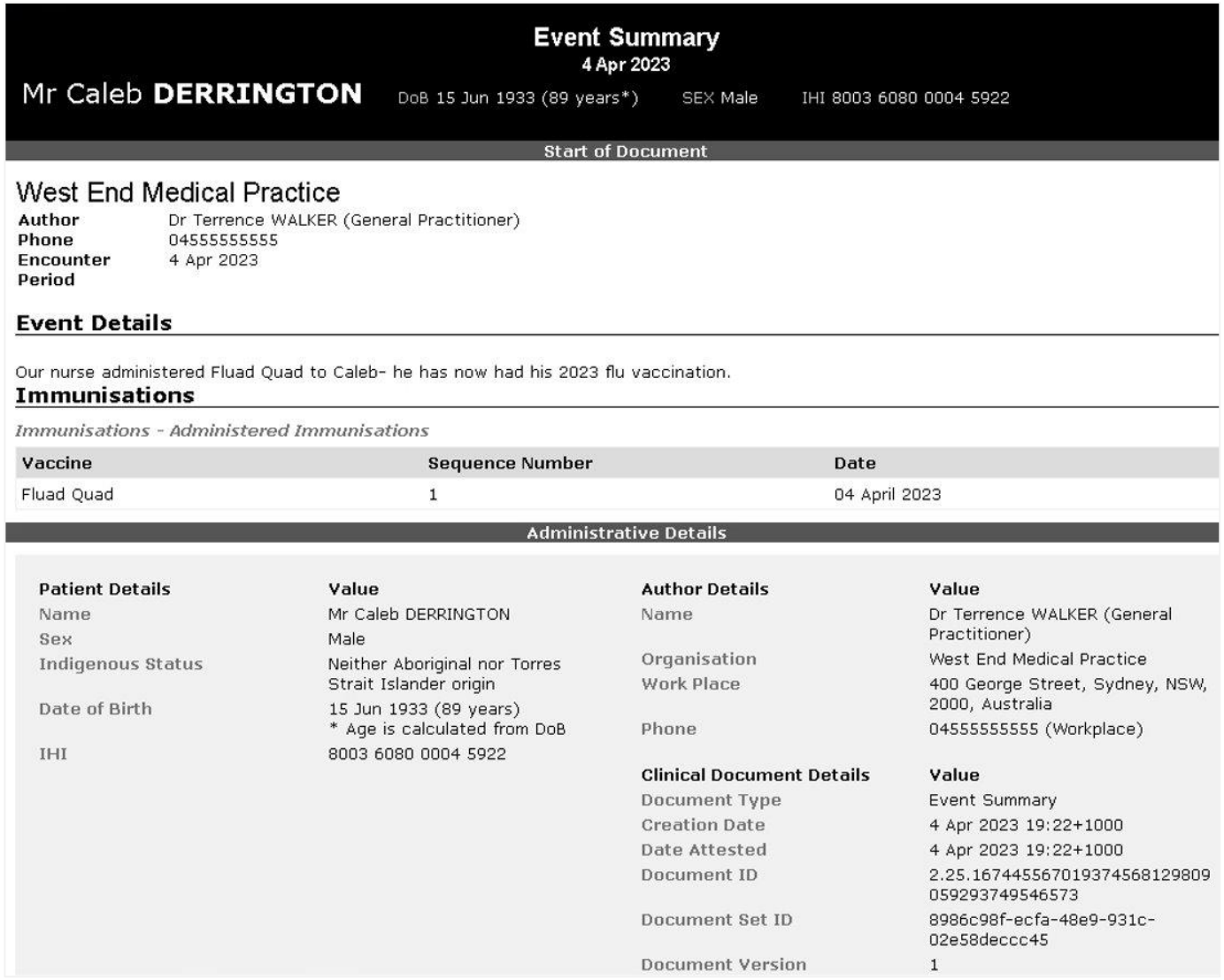
Medical History

Medical History

Item	Date	Comment
Diabetes Mellitus Type 2	September 2022	
Total Hip Arthroplasty	July 2022	Fall at home, hip fracture
Emphysema	June 2018	Ex-smoker

This is a summary of a patient's health status at a point in time, which can include medical conditions, medicines, allergies and adverse reactions, and immunisations.

Event summary



Event Summary
4 Apr 2023

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (89 years*) SEX Male IHI 8003 6080 0004 5922

Start of Document

West End Medical Practice

Author Dr Terrence WALKER (General Practitioner)
Phone 04555555555
Encounter Period 4 Apr 2023

Event Details

Our nurse administered Fluad Quad to Caleb- he has now had his 2023 flu vaccination.

Immunisations

Immunisations - Administered Immunisations

Vaccine	Sequence Number	Date
Fluad Quad	1	04 April 2023

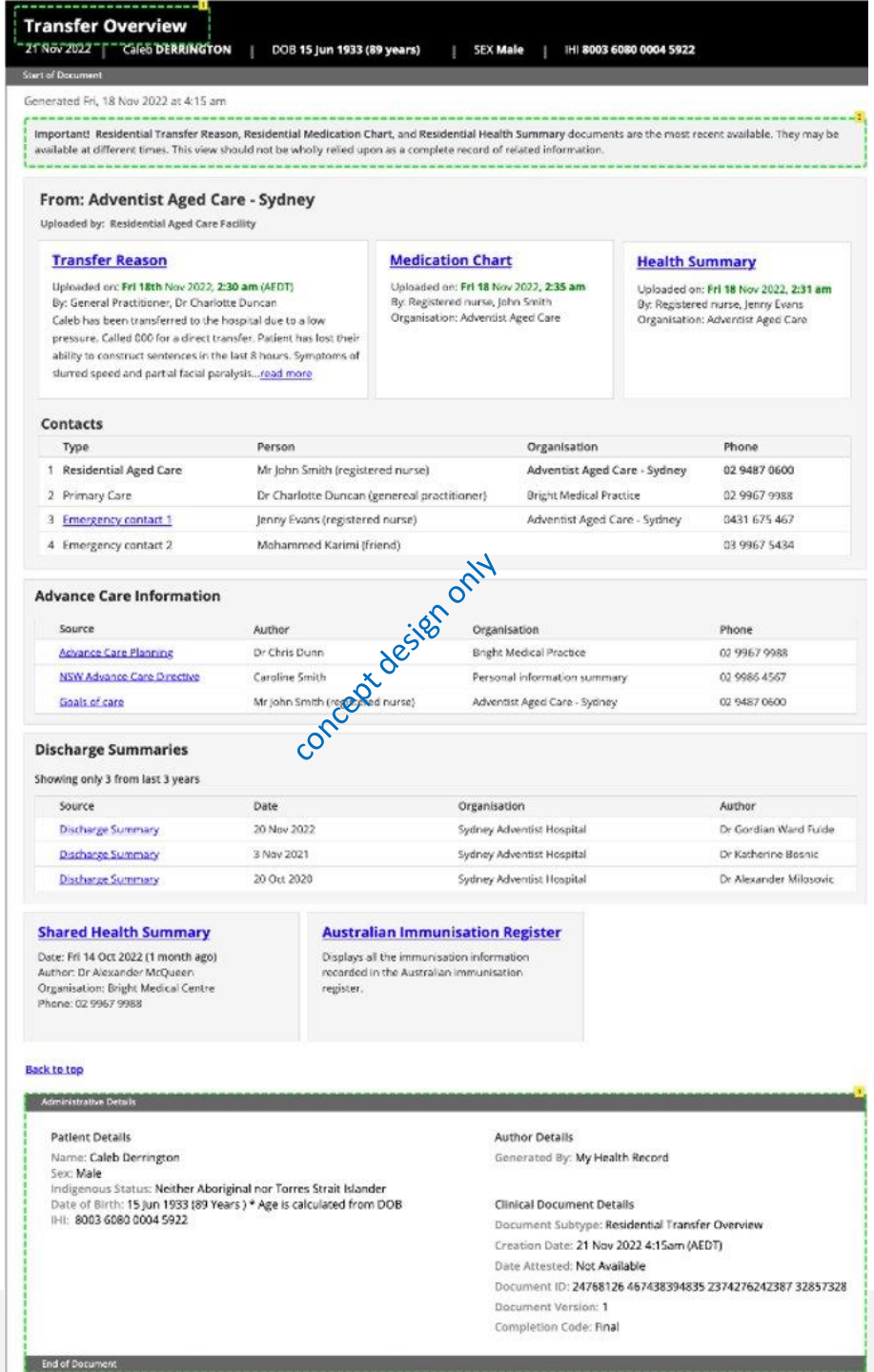
Administrative Details

Patient Details	Value
Name	Mr Caleb DERRINGTON
Sex	Male
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin
Date of Birth	15 Jun 1933 (89 years) * Age is calculated from DoB
IHI	8003 6080 0004 5922

Author Details	Value
Name	Dr Terrence WALKER (General Practitioner)
Organisation	West End Medical Practice
Work Place	400 George Street, Sydney, NSW, 2000, Australia
Phone	04555555555 (Workplace)

Clinical Document Details	Value
Document Type	Event Summary
Creation Date	4 Apr 2023 19:22+1000
Date Attested	4 Apr 2023 19:22+1000
Document ID	2.25.167445567019374568129809059293749546573
Document Set ID	8986c98f-ecfa-48e9-931c-02e58deccc45
Document Version	1

Event summaries capture health information about a significant healthcare event that is relevant to the ongoing care of an individual.



Aged Care transfer summary

The Aged Care transfer summary is a My Health Record enhancement to provide a seamless digital health record specific to the transfer of a resident from one healthcare setting to another (i.e. Residential Aged Care Home to Hospital).

This My Health Record enhancement is dependent on Aged Care software providers uplifting their systems to meet My Health Record and Aged Care transfer summary conformance requirements and making the conformant software available to associated Residential Aged Care Home.

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Resources and further information

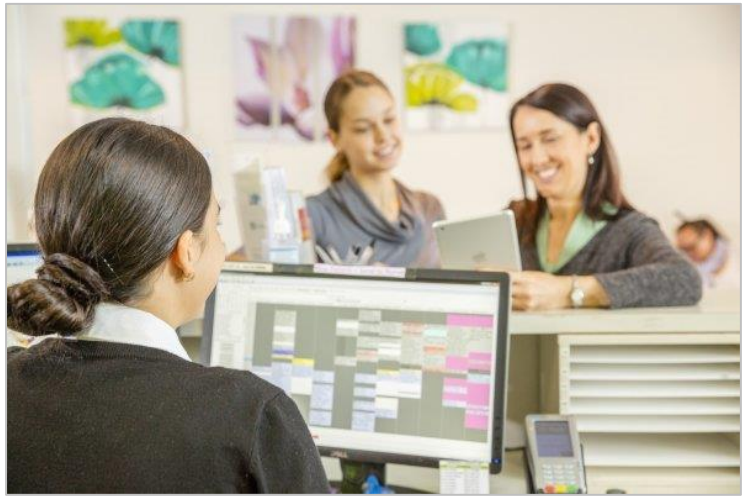
Australian Government

Australian Digital Health Agency

Provide staff training

All staff authorised to use My Health Record undergo training before accessing the system

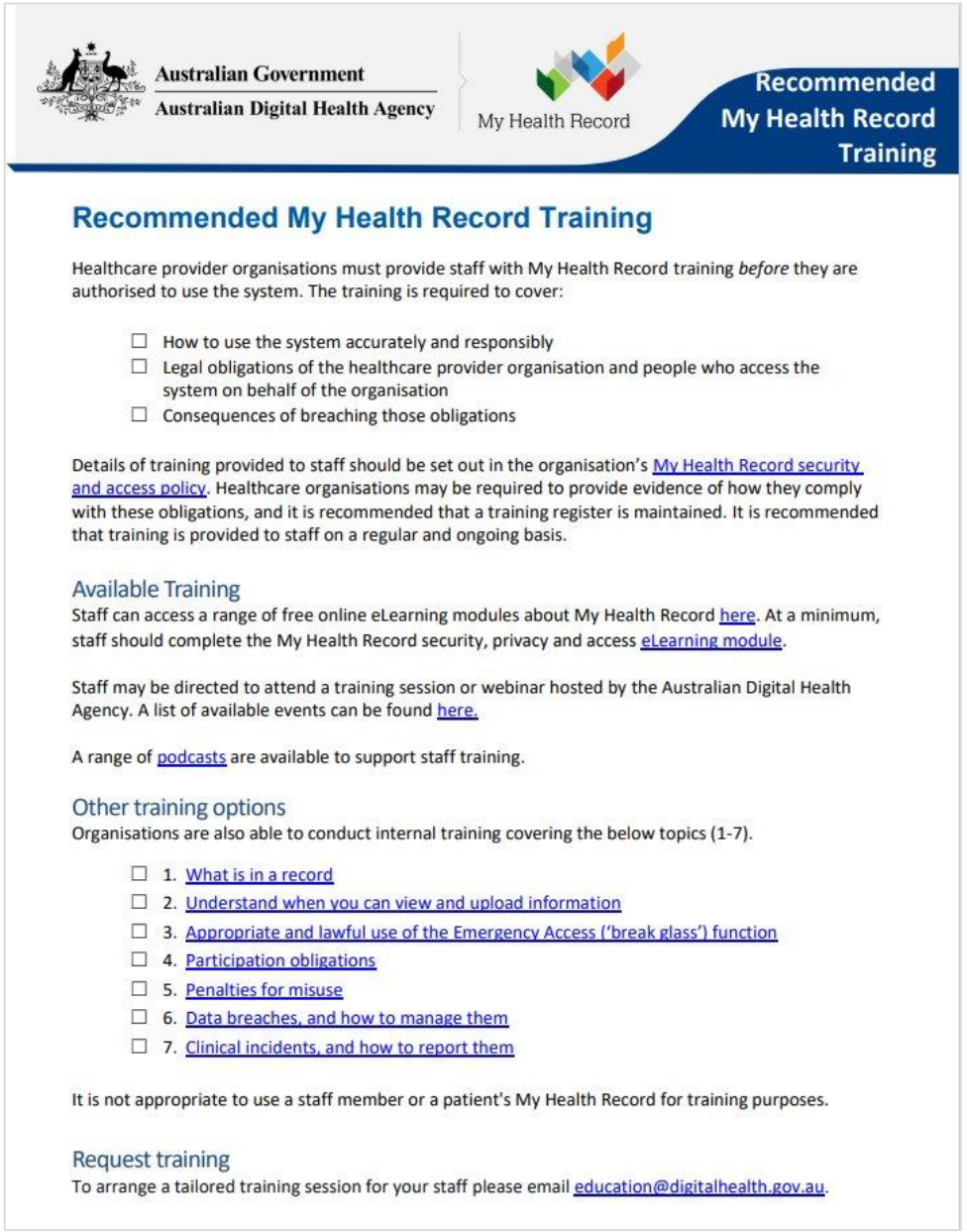
- How to use the system accurately and responsibly, legal obligations when using the system, and the consequences of breaching these obligations
- Training provided on a regular and ongoing basis
- A register of staff training is maintained



My Health Record Training opportunities

- Australian Digital Health Agency website
- Online My Health Record modules
- Webinars and events
- Clinical Information Software summary sheets
- Podcasts

Recommended Training List



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My Health Record

Recommended My Health Record Training

Recommended My Health Record Training

Healthcare provider organisations must provide staff with My Health Record training *before* they are authorised to use the system. The training is required to cover:

- ☐ How to use the system accurately and responsibly
- ☐ Legal obligations of the healthcare provider organisation and people who access the system on behalf of the organisation
- ☐ Consequences of breaching those obligations

Details of training provided to staff should be set out in the organisation's My Health Record security and access policy. Healthcare organisations may be required to provide evidence of how they comply with these obligations, and it is recommended that a training register is maintained. It is recommended that training is provided to staff on a regular and ongoing basis.

Available Training

Staff can access a range of free online eLearning modules about My Health Record here. At a minimum, staff should complete the My Health Record security, privacy and access eLearning module.

Staff may be directed to attend a training session or webinar hosted by the Australian Digital Health Agency. A list of available events can be found here.

A range of podcasts are available to support staff training.

Other training options

Organisations are also able to conduct internal training covering the below topics (1-7).

- ☐ 1. What is in a record
- ☐ 2. Understand when you can view and upload information
- ☐ 3. Appropriate and lawful use of the Emergency Access ('break glass') function
- ☐ 4. Participation obligations
- ☐ 5. Penalties for misuse
- ☐ 6. Data breaches, and how to manage them
- ☐ 7. Clinical incidents, and how to report them

It is not appropriate to use a staff member or a patient's My Health Record for training purposes.

Request training

To arrange a tailored training session for your staff please email education@digitalhealth.gov.au.

https://www.digitalhealth.gov.au/sites/default/files/documents/my-health-record-recommended-training-list.pdf

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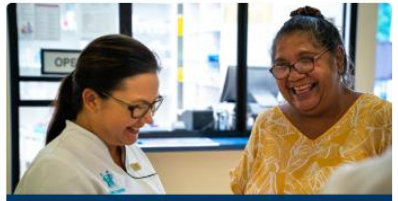
Find an eLearning course in your area of practice


Aboriginal and Torres Strait Islander Health

Aged care

Allied health

Community health

General practitioners

Pharmacy

Hospitals

Nursing and midwifery

Pathology

Diagnostic imaging

Practice management

Specialists

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Free online training modules

https://training.digitalhealth.gov.au

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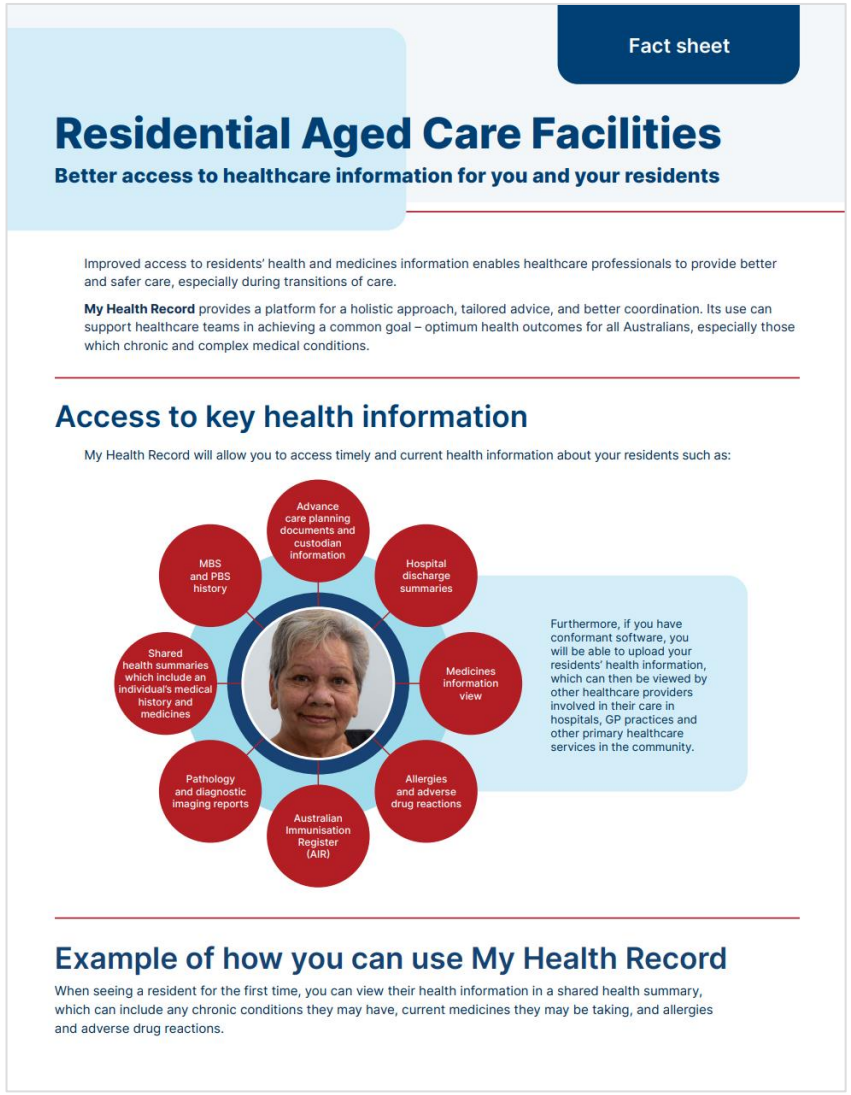
Australian Digital Health Agency

Further Information and Resources



Fact sheet

Residential Aged Care Facilities

Better access to healthcare information for you and your residents

Improved access to residents' health and medicines information enables healthcare professionals to provide better and safer care, especially during transitions of care.

My Health Record provides a platform for a holistic approach, tailored advice, and better coordination. Its use can support healthcare teams in achieving a common goal – optimum health outcomes for all Australians, especially those which chronic and complex medical conditions.

Access to key health information

My Health Record will allow you to access timely and current health information about your residents such as:

Furthermore, if you have conformant software, you will be able to upload your residents' health information, which can then be viewed by other healthcare providers involved in their care in hospitals, GP practices and other primary healthcare services in the community.

Example of how you can use My Health Record

When seeing a resident for the first time, you can view their health information in a shared health summary, which can include any chronic conditions they may have, current medicines they may be taking, and allergies and adverse drug reactions.

Aged care resources:

Residential Aged Care – Fact Sheet

The Australian Digital Health Agency website contains:

Webinars, eLearning modules and education resources

Information about registration, provider portal and conformant software

Links to consumer information, such as brochures and guides

www.digitalhealth.gov.au > My Health Record education and training

Support for registering your organisation

The Agency can provide tailored one on one support to connect your residential aged care organisation with My Health Record.

My Health Record Registration team details

Email: mhr.registration.RAC@digitalhealth.gov.au

Helpful resources:

- Australian Digital Health Agency's Residential aged care web page
- Flyer - Better connected care through My Health Record
- Digital health foundations on-demand webinars

QUESTIONS

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Residential Aged Care Homes Event Evaluation

Need Support?

Our Aged and Palliative Care Engagement and Digital Health team is available to provide one-on-one support.

E: agedandpalliativecare@gcphn.com.au
P: 07 5612 5455

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STAY INFORMED, STAY CONNECTED!

Sign up now for the RACH Bulletin and join a community dedicated to improving residential aged care.

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'Building one world class health service for the Gold Coast

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