

## **Residential Aged Care Home (RACH) access to after hours primary care via Healthdirect service**

### **Frequently asked questions (FAQs)**

#### **Goal**

- Deliver a high quality, trusted and free safety net telehealth after hours GP service in RACHs to reduce unmet care need.

#### **Objectives**

- Provide free and faster RACH access to a GP and bridge barriers to equity of access
- Provide continuity of care and avoid overlapping with existing RACH GP provisioning
- Reduce unnecessary ED admission and provide in-RACH care where possible
- Remain a safety net, point in time care service.

#### **Service availability**

Pathway is available in the afterhours period only:

- 6:00pm – 8:00am Monday to Friday
- 6:00pm Friday to 08:00am Saturday
- 12:00pm Saturday to 8:00am Monday
- All day public holidays (including all national, State and Territory public holidays)

#### **Call process and pathway**

- RACH Nurse\* calls nurse triage helpline (1800 867 221)
- This number is not to be shared outside of your RACH
- Caller should provide the name of the facility to the triage helpline nurse
- Healthdirect nurse conducts a preliminary assessment
- If appropriate, the healthdirect nurse will confirm if the patient can make it to their regular GP or a nearby GP. If not, and the presentation is suitable for a referral, the healthdirect nurse will refer to a healthdirect GP for a call back by phone or video.
- The time frame for a callback is dependent on the acuity (Tier 1 or Tier 2) as determined in discussion with the healthdirect nurse

\*Must be: Registered Nurse and/or Enrolled Nurse initiated and from onboarded RACHs in the after hours period

### When should I use the healthdirect service?

You should consider using this service when the patient's condition or health concern cannot wait for the patient's regular GP, but they are not unwell enough for the emergency department.

Some examples include:

- Mild to moderate **pain** requiring assessment and an analgesic plan until regular GP review. (No S8s prescribed on this service)
- **Nausea and/or vomiting** that requires further assessment or could benefit from symptomatic management.
- Acute **urinary symptoms** suggestive of a urinary tract infection, requiring assessment and potential antibiotic treatment.
- Mild to moderate **respiratory symptoms** suggestive of respiratory infection requiring assessment, advice and/or further management.
- **Wound review** for concerns regarding **local** infection and further management.
- Further assessment and guidance in the context of **acutely elevated blood pressure** (not hypertensive emergency) with no neurological symptoms.
- New onset **mobility issues** following a fall.

### When is it not appropriate to use the healthdirect service?

This is not an exhaustive list and clinical discretion should always be applied as to whether this service is appropriate for the clinical issue at hand. Exclusion list:

- Anaphylaxis/Progressive allergic reaction presentations
- Neurological events, such as a CVA (stroke), sudden loss of vision, speech loss, sudden onset of unexplained confusion or inability to move a limb, loss of consciousness
- Cardiac-related presentations (heart attack)
- Severe breathing difficulty/uncontrolled asthma attack
- Choking presentations
- Sepsis presentations
- High-impact injuries e.g. motor vehicle accidents/neck injuries/significant fractures
- Non-blanching rashes (meningococcal rash)
- Major burns
- Psychosis/Acute mental health presentations

Other considerations involve situations where face-to-face GP consultation is necessary for in-person assessment, physical examination and performance of tests that cannot be adequately conducted or followed up through telehealth, or non-clinical such as technological accessibility/literacy, language and cultural barriers, privacy concerns or patient preference.

### **Determining eligibility for call back from a healthdirect GP**

Considerations include healthdirect nurse recommendation, the availability of the patient's regular GP, time of day, the type of presentation, and clinical appropriateness or urgency of the referral. If you are offered a call back from the healthdirect GP, call back times are based on clinical acuity.

On average, Tier 1 callbacks occur within 30 minutes, and Tier 2 callbacks within 2 hours. However, these wait times can vary, especially during periods of high demand. The healthdirect nurse will provide a clear expectation of wait times at the time of each call.

As this is a call back service, it is important to consider whether the patient's condition allows them to safely wait for the estimated time. Clinical judgement should be exercised to assess the urgency of each case and prioritise accordingly.

### **Coordination and continuity of care – sending event summary to patient's regular GP, uploading to My Health Record**

Following the virtual consult, the healthdirect GP sends a summary of the consultation and associated care advice to the patient's regular GP via secure message to facilitate continuity of care and can upload a copy of this to the patient's My Health Record.

### **Do/can the RACHs receive an event summary back from the service?**

Event summaries are currently sent to the patient's regular GP only, the team at healthdirect will explore system capabilities to determine if event summaries can also be sent to the RACH.

### **How often are prescriptions given and what are the most common prescriptions?**

In the current service, GPs prescribe medications around 10% of the time. This information is typically sent to the patient's regular GP as an event summary. No prescriptions will be provided for Schedule 8 medications. No doctors' orders will be written.

### **How does the RACH receive eScripts?**

There may be limitations in the ability to administer medications in some RACHs due to jurisdictional legislation under their respective Poisons and Therapeutic Acts, and local facility policy and clinical governance frameworks. There is an opportunity for healthdirect GPs to send eScripts to the RACH's associated pharmacy, and no issue with dispensing the medication. Whether the RACH nurse can administer a medication solely using an eScript to a resident varies based on the jurisdictional policies. Some RACHs allow this while others require charting of the medication on a medication chart (electronic or paper). The Healthdirect team look forward to working with PHNs and other stakeholders during this pilot period to explore opportunities to see if some of these issues can be addressed to enhance the service.

### **Do the GPs access eMed systems?**

The healthdirect GPs are not able to access eMED systems.

### **How to provide feedback about this service**

To report a clinical incident, complaint or compliment relating to the Healthdirect service please use the Clinical Incident Management System (CIMS) link. This link is not available to the public to lodge a complaint. Link:

[https://healthdirectcims.private.aus-1.datixcloudiq.com/capture/?form\\_id=2&module=INC](https://healthdirectcims.private.aus-1.datixcloudiq.com/capture/?form_id=2&module=INC).

Instructions on how to report incidents, complaints and compliments relating to the Healthdirect service - watch this video for instructions on how to report incidents, complaints and compliments in Healthdirect Australia's Clinical Incident Management System (CIMS).

Link: [Clinical Incident Management System \(CIMS\) | healthdirect](#)

If you have any questions re the process and progress with this incident, complaint or compliment, please contact the Healthdirect Clinical Governance Team at [clinical.governance@healthdirect.org.au](mailto:clinical.governance@healthdirect.org.au)

Healthdirect Australia's Clinical Governance and Quality Framework is available [here](#).