

## RESIDENTIAL AGED CARE

### After-Hours Action Plan Self-Assessment Checklist

The overarching goal of having an After-Hours Action Plan is to guide best practice care and processes. Implementing a best practice model in relation to after-hours care provision aims to reduce avoidable hospitalisations for people living in Residential Aged Care Homes (RACHs).

A comprehensive after-hours action plan enables clear guidance for the care team particularly when responding to incidents or rapid deterioration in the health of a resident.

This self-assessment checklist was developed by the Brisbane North PHN in consultation with residential aged care providers in the catchment area.

RACHs are encouraged to assess their current after-hours arrangements/plan against the following best-practice criteria to enable the implementation of continuous improvement opportunities.

#### Clinical Governance

Clinical governance is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each aged care resident.

Criteria	Yes ✓ No*	Comment
Residents and/or their representatives <b>are informed and engaged</b> about after-hours services and care options available.		When? How?
Individual needs, goals and preferences <b>are identified and documented</b> in the event of urgent medical attention being required after-hours. Preferences include who (e.g. representative, other family member) the resident wishes to be contacted should medical care be required after-hours.		Where is this documented?  Does every resident have a plan?  <b>Note:</b> Care Planning guidance is available to assist – see Appendix A
The <b>processes for escalating care after-hours</b> are documented outlining roles, responsibilities, decision points, actions and communication requirements.		Policy/Flowchart reference
<b>Policies and procedures</b> are in place to guide staff when responding to <b>incidents or rapid deterioration</b> in the health. These policies include reference to after-hours management.		Where is this documented?

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Criteria	Yes ✓ No*	Comment
<p><b>Clinical tools to support decision-making</b> are available for staff to use if a resident's health deteriorates after-hours. For example:</p> <ul style="list-style-type: none"> <li>Residential Aged Care Clinical Pathways and Flowcharts <ul style="list-style-type: none"> <li>Recognition of the deteriorating resident</li> <li>Management of residents with unstable vital signs</li> <li>Other specific pathways and checklists as indicated</li> </ul> </li> <li>Use of a clinical communication tool (e.g. ISBAR)</li> <li>Evidence-based organisational policies and procedures</li> </ul>		What is available?
<p><b>A revision schedule</b> has been established for the after-hours action plan that is included in the organisational governance structure for ongoing oversight and evaluation, with a minimum review every 12 months.</p>		How often reviewed?
<p><b>Clinical governance processes</b> include monitoring of after-hours health events and the resulting outcome (e.g. contacting GP/Medical deputising service, transfer to hospital, hospital admission). Data is analysed and continuous improvement opportunities are identified.</p>		How often? Outcome? Who is responsible?



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### Workforce

The organisation is required to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful, and quality care and services, this includes care provided after-hours. When considering after-hours planning it is also critical that the organisation establishes relationships and contact processes with a broader workforce to support staff and residents. This broader workforce may include (but is not limited to) your regular General Practitioners, after-hours medical deputising services, GP practices that offer after-hours service, after-hours pharmacies, RADAR, Older Persons Emergency Network (OPEN), Virtual ED, QAS and speciality services.

Criteria	Yes ✓ No*	Comment
Development of after-hours action plans included <b>meaningful engagement</b> with the GP team and other relevant services providing care after-hours.		Who has been consulted?  Where is this documented?
A <b>current contact list</b> is in place for after-hours providers and a system has been established to ensure this list remains up to date.		Where is list located?  How often is it reviewed?
Staff have received adequate <b>training</b> in relation to: <ul style="list-style-type: none"> <li>▪ after-hours management of clinical deterioration and incidents</li> <li>▪ common conditions that may result in hospitalisation and associated management</li> <li>▪ use of appropriate clinical assessment tools</li> <li>▪ how to access care plans that detail individual preferences in relation to after-hours care</li> <li>▪ how to contact appropriate clinical services after-hours</li> </ul>		When?  Repeated how often?
Staff have received training and are competent in the use of <b>eHealth technology</b> and systems including: <ul style="list-style-type: none"> <li>▪ Telehealth</li> <li>▪ eScripts</li> <li>▪ My Health Record</li> <li>▪ Health Provider Portal (The Viewer)</li> </ul>		When did this occur?  How are new staff trained?  How often is this training repeated?
<b>Staff feedback</b> demonstrates they are confident to implement the after-hours action plan and feel supported and empowered to do so.		How was this assessed?

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### Infrastructure

Health infrastructure is physical and organisational facilities, spaces, services, and networks that enable health services to be delivered. In Residential Aged Care Facilities, this includes essential services including electricity, internet and telecommunication services, that assist with the running of internal infrastructure (e.g., electronic medication management, telehealth systems).

Criteria	Yes ✓ No*	Comment
The <b>physical environment</b> has been considered in relation to telehealth. For example, privacy, acoustics, room size, lighting, availability of clinical equipment.		
<b>Resident support</b> has been considered in relation to telehealth. For example, cultural safety, use of interpreting services, emotional support.		
<b>Accessibility considerations</b> have been made such as use of larger screens for residents with vision impairment, use of headphones for residents with hearing impairment.		
Telehealth technology <b>equipment is readily available</b> for use by the clinical team (e.g. laptops, tablets, computer-on-wheels)?		
Telehealth technology and systems are easily <b>accessible after-hours</b> and able to be used in all areas of the facility.		
A <b>reliable internet connection</b> is available for use. Contingency plans are in place and documented in relation to <b>power and/or internet outages</b> .		
<b>After-hours IT support</b> is available to staff in relation to IT systems and telehealth infrastructure.		
<b>Telehealth platform/s are compatible</b> with those used by after-hours providers and medical deputising services.		
Staff have access to a range of <b>diagnostic equipment to aid in assessing residents</b> (e.g. bladder scanners, ECG machines, vital sign monitors – as appropriate for the facility).		What equipment is available?

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### Systems

Sets of principles and procedures that provide guidelines for how to meet the health needs of residents. Systems and processes include things like handover tools; checklists; instructions; policies; procedures; flowcharts; clinical tools to monitor condition changes; and workflows that articulate processes to follow when residents require extra care and support.		
Criteria	Yes ✓ No*	Comment
<b>Clinical documentation/record management system</b> is in place to enable documentation of clinical incidents and deterioration (including during the after-hours period) and include the resulting actions, advice given and clinical outcomes.		
The resident's regular <b>GP has access to clinical documentation</b> in relation to after-hours incidents or deterioration. The regular GP is informed of any afterhours incidents in a timely fashion.		
A structured <b>approach in relation to after-hours transfer</b> to hospital is in place. This is documented and includes information about communication processes and required documentation such as transfer tools or use of the yellow envelope system.		
The clinical team have <b>easy access to the contact details</b> for after-hours support and services.		
The organisation is registered to use <b>My Health Record</b> and uses this tool to share resident data (when clinical software is conformant) to aid in continuity of care with the broader health team.		Registered?  Using My Health Record consistently?
A <b>My Health Record Security and Access Policy</b> is in place and a "My Health Record" <b>maintenance officer</b> (or equivalent) has been assigned.		
Clinical team members are registered <b>for individual access to My Health Record</b> and are linked to the organisation to enable them to view resident data.		
The resident's <b>Advance Health Directive</b> or <b>Statement of Choices</b> has been submitted to the Office of Advanced Care Planning to enable this document to be accessed via the Health Provider Portal/The Viewer.		

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### Local Needs and Services

The location of a RACH and the availability of services in the local area will determine how support can be accessed and delivered. When writing an after-hours plan, it is useful to have an idea of what local, state, and national services may be available to offer support (e.g., national telehealth services, mental health hotlines and pharmacies).

Criteria	Yes ✓ No*	Comment
<b>Local services have been identified</b> and staff have access to this information, for example via the Brisbane North PHN After-hours services in the North Brisbane and Moreton Bay region list (access via BNPHN website)		

### Final check

Criteria	Yes ✓ No*	Comment
A <b>documented After-Hours Action Plan</b> has been established and implemented, taking into account the criteria in this checklist/audit tool.		
Resident care plans include information related to their preferences and needs in relation to after-hours care to ensure <b>an individualised approach</b> . See appendix A.		
Processes have been established to ensure the After-Hours Action Plan is <b>monitored and updated</b> on a regular, scheduled basis.		



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### Review

<b>Name of person completing checklist</b>	
<b>Position Title</b>	
<b>Date complete</b>	
<b>Next review due</b>	

### Action Items

<b>Action Number</b>	<b>Update required to After-Hours Action Plan</b>	<b>Responsible Person</b>	<b>Date to be completed</b>

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## Appendix A

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### Care planning considerations

Consider the following points when planning individual resident care in relation to after-hours care needs. Ensure appropriate information is documented in the care plan in relation to after-hours care.

#### Clinical Governance

- Has the resident and/or their representative been **informed** about after-hours service options? Has this sharing of information been documented?
- Are **individual preferences documented** in relation to after-hours care? Where?
- **What role does the resident have** in decisions around after-hours care? Does the resident have the capacity to be involved in these decisions?
- What involvement in after-hours care decisions does the **resident representative** have? Under what circumstances would they like to be contacted after-hours?
- **Who else needs to be contacted** if the resident becomes unwell after-hours? (e.g., GP, resident representative, other family members, on call senior clinical team, facility management representative)
- Have **other preferred health care providers** been identified for this resident (e.g., pharmacy, mental health support, dementia support)?

#### Workforce

- Is **contact information** for the resident's preferred GP easily accessible by the clinical team?
- Is the resident's regular **GP able to provide after-hours care**?
- What **after-hours care arrangements** does the resident's regular GP have in place? For example, do they prefer a particular medical deputizing service?
- **Who else** might be contacted after-hours if the resident becomes unwell?
- What is the **process for escalating** the resident's care in the after-hours period, and who is responsible for escalating that care?

#### Infrastructure

- The care plan should include individual **preferences and needs in relation to the use of telehealth**, such as use of headphones, use of a larger screen, preference for using a private area/their own room or the resident may not wish to use this technology.
- Would the resident like to have their **representative involved** in any after-hours consultations, for example included in telehealth calls.
- Does the resident require **interpreter services** to enable access to after-hours services?



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### Systems

- Has the resident got an **Advance Health Directive** or **Statement of Choices**? Does the AHD outline preferences in relation to transfer to hospital.
- Has the resident's Advance Health Directive or Statement of Choices has been submitted to the **Office of Advanced Care Planning** to enable access to this document via Health Provider Portal?