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RESIDENTIAL AGED CARE

After Hours Action Plan Template

Background

Older people living in Residential Aged Care Homes are a vulnerable, frail, and complex population with unique care needs. Residents can experience rapid health deterioration during the after-hours period, but immediate transfer to hospital is not always clinically necessary. Although the Emergency Department is specialised in providing acute care, it is recognised that this environment can be distressing for an older person and their family. An admission to hospital may result in complications for a frail older person.

A comprehensive after-hours action plan provides support and resources to the clinical team to enable access to timely and appropriate medical care and advice after hours, a reduction in unnecessary hospital admissions and improved outcomes for residents.

Definition

The after-hours period is defined as occurring outside of normal business hours. The after-hours period spans:

- [insert time] to [insert time] on weekdays
- All weekend and on Public Holidays

Clinical Governance

On admission

Residents and/or their representatives are **informed and engaged** about available after-hours services on admission and at other times when indicated.

Assessment and care planning

As part of the assessment and care planning the resident and/or their representative's preferences in relation to management of after-hours care are identified. Individual care plans include documentation related to **individual needs**, goals and preferences in relation to after-hours care and potential transfer to hospital.

Topics to discuss should include:

- Expected disease trajectory and goals of care
- Preferences in the event of urgent medical attention being required after-hours
- Circumstances where the resident does NOT wish to be transferred to hospital and what alternative strategies would be implemented to monitor and manage the situation
- Circumstances where the resident DOES wish to be transferred to hospital
- Contact details for resident representatives in the after-hours period and include any additional family the resident would like informed
- Consent in relation to using technology such as telehealth technology



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Policies and procedures

Policies and procedures are in place to **guide staff in relation to after-hours care** for residents who are experiencing clinical deterioration. Please refer to the following guidance documents:

- [insert links to relevant policies and procedures in relation to management of clinical deterioration]
- [insert link to local policies and procedures in relation to transfer to hospital]

Clinical assessment

Evidence-based clinical assessment should be used to determine the best course of action should a resident's health deteriorate. The clinical team should utilise the following guidance documents when assessing a resident who has deteriorated clinically:

- [insert link to clinical assessment tools]
- Queensland Health Clinical Pathways <u>All pathways | Queensland Health</u>

Monitoring processes

Episodes of after-hours health events will be analysed, monitored [insert frequency] and discussed at the [insert relevant committee or meeting]. This discussion will include the outcome of the event (e.g., contacting the GP/Medical deputising service, contacting the Older Persons Emergency Network (OPEN), transfer to hospital, admission to hospital). Opportunities for improvement will be identified as part of this governance process.

The After-Hours Action plan will be reviewed [outline when] and updated as indicated.

Workforce

Training

Staff have received training in relation to caring for residents in the after-hours period. This training includes management of clinical deterioration, use of appropriate clinical assessment tools, how to contact after-hours services and how to access individual care plans.

Contact for after-hours care- General Practitioner

Resident's General Practitioners have been engaged to identify preferences in relation to management of after-hours care. This information is located [insert location] and includes:

- GP contact details
- GP availability times GP can be contacted
- Preferences and instructions for after-hours care and service / when the GP is unavailable
- GP leave coverage plans
- Communication plan to share information related to after-hours health events with the GP



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Contact for after-hours care – Other Services

A variety of after-hours support are available to clinical staff to enable the best care outcomes for the resident, these services include:

- Older Persons Emergency Network (OPEN) 1300 072 327 (8.00 am 8.00 pm, 7 days a week)
- [list Medical Deputising Service/s used at the facility including contact details]
- [list any additional after-hours services used at the facility]
- Brisbane North PHN <u>After-hours Services List</u>

Systems

My Health Record

My Health Record is a secure online summary of key resident health information that enables sharing of important health information, avoids duplication and improves continuity of care. The following information is uploaded to My Health Record (consideration to resident preference and consent must be taken into account):

• [Detail My Health Record documentation that the facility uploads]

My Health Record can only be accessed according to the requirements detailed in the "My Health Record system security and access policy".

Health Provider Portal

The Health Provider Portal provides eligible health practitioners in Queensland with secure online access to a resident's Queensland Health records. This information is provided in a read-only format. Eligible staff must register to gain access to this important health information.

Advance Health Directive or Statement of Choice

Residents and/or their representatives are encouraged to complete an Advance Health Directive (AHD) or Statement of Choices (Statement of Choices) prior to admission to enable their wishes to be expressed and respected.

ADH or SoC has been submitted to the Office of Advanced Care Planning to enable the document to be accessed via other health professionals (e.g. QAS, hospital staff).



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