

# Aged care

## Activity work plan

2021-23



# Contents

<b>Virtual access in residential aged care facilities (RACFs)</b> .....	<b>1</b>
Aim of activity .....	1
Description of activity .....	1
<b>After hours access in RACFs</b> .....	<b>2</b>
Aim of activity .....	2
Description of activity .....	2
<b>Early intervention</b> .....	<b>2</b>
Aim of activity .....	2
Description of activity .....	2
<b>Care finder program</b> .....	<b>3</b>
Aim of the activity .....	3
Description of activity .....	3



# Virtual access in residential aged care facilities (RACFs)

## Aim of activity

The aim of this activity is to:

- increase understanding of the aged care sector by Primary Health Tasmania
- strengthen relationships with stakeholders
- increase understanding of RACF capability to engage with digital health
- increase timely access to, and use of telehealth to allow virtual consultations for residents with GPs, specialists and allied health professionals
- increase capability of RACF staff to assist RACF residents in accessing virtual consultation services
- increase use of My Health Record
- increase digital health literacy in RACFs.

## Description of activity

Activities being implemented in 2021-23 include:

- liaison with key stakeholders in the aged care sector including the Australian Government Department of Health, the Department of Health Tasmania, RACFs, peak organisations and service providers to identify opportunities for collaboration
- investigating typical requirements for telehealth, including infrastructure and resources (such as IT hardware and software)
- engaging with RACFs and undertaking a needs assessment on the use of telehealth
- engaging a suitably qualified provider to enable telehealth capability within RACFs and in line with the needs identified and funding available
- developing and delivering a telehealth training program to staff in RACFs with the associated protocols for use
- working with key stakeholders to ensure appropriate models of care are in place to allow the full use of telehealth
- collaborating with and supporting the Australian Digital Health Agency (ADHA) in the development and implementation of an education program on the adoption and use of My Health Record.

## After hours access in RACFs

### Aim of activity

The aim of this activity is to improve access to and provision of after hours medical care to RACF residents.

### Description of activity

Activities being implemented in 2021-23 include:

- engaging with RACFs and undertaking a needs assessment on the use of after hours action plans
- working with RACFs to develop facility and resident after hour action plans
- promoting participation of residents' GPs as part of the after hours action plan development
- developing and facilitating the delivery (via several mechanisms) of after hours education sessions for RACF staff to ensure thorough understanding of after hours options and processes for residents
- developing and facilitating the delivery (via several mechanisms) of the after hours care training program for RACF staff to ensure staff are aware on how to use available services
- working with the ADHA to develop/access and distribute resources to support the adoption and use of My Health Record to ensure documentation of after hours care.

## Early intervention

### Aim of activity

The aim of this activity is to:

- improve management of chronic health conditions in the community
- reduce frailty of older Australians in the community
- improve mobility and strength of residents of older Australians in the community
- decrease falls of older Australians in the community.

### Description of activity

Activities being implemented in 2021-23 include:

- undertaking a needs assessment in the local community to identify gaps in service delivery for improving both physical and mental health wellbeing for Tasmanians aged 65+
- researching best practice and evidence based early interventions and models for chronic disease management that slow decline/frailty and promote healthy ageing reducing pressure on local health services, including programs already in place in Tasmania
- engaging with other PHNs who have implemented successful evidence-based interventions
- building relationships with health professionals, including GPs, non-GP specialists and allied health professionals

- increasing awareness in the local primary health care workforce of the needs of the local senior Tasmanian population, and the availability of these initiatives
- educating primary health care providers on how to connect senior Tasmanians with necessary psychosocial, health, social and welfare supports
- undertaking a formal commissioning process to implement a healthy ageing initiative in the areas most in need in Tasmania
- implementing monitoring and evaluation standards and capabilities to ensure that commissioned services are effective and efficient and meet the needs of the community.

## Care finder program

### Aim of the activity

The objectives of this activity are to:

- establish and maintain a national care finder network that provides specialist and intensive assistance to help people in the target population to understand and access aged care and connect with other relevant supports in the community
- support people who are eligible for aged care services and have one or more reasons for requiring intensive support to interact with My Aged Care and access aged care services and/or access other relevant support in the community
- support and promote continuous quality improvement of the care finder program
- support improved integration between the health, aged care and other systems at the local level.

The outcomes of this activity are:

- improved outcomes for people in the care finder population including:
  - improved coordination of support
  - improved understanding of aged care services and how to access them
  - improved confidence to engage with the aged care system
  - increased care finder workforce capability to meet client needs
  - increased rates of access to aged services and wider connections,
  - increased rates of staying connected to aged care services
- improved integration between health, aged care and other systems at the local level.

### Description of activity

Activities being implemented in 2022-23 include:

- continuing with a progressive needs assessment including more detailed work force and consumer engagement following the implementation of care finders
- continuing to support local Assistance with Community and Housing (ACH) providers with their transition to care finder organisations by 1 January 2023.
- commissioning care finder services, via an open tender approach, that provide specialist and intensive services to vulnerable Tasmanians at risk of falling through the aged care service

gaps, by delivering the functions set out in the care finder policy guidance and responding to local need. This service will be supplied by suitably qualified, skilled and trained workforce. This will be completed by reviewing the needs assessment to look at geographical areas of most need and most vulnerable populations

- Primary Health Tasmania will continue to engage and consult with stakeholders and finalise the design and delivery of appropriate service models to address the needs of geographical areas and vulnerable populations
- continuing to engage with local and regional stewards to assist integration and collaboration of the care finder network
- continuing to engage and collaborate with Victorian PHNs as part of the VIC/TAS alliance and other PHNs where required
- continuing to engage and collaborate with national and state peak bodies to assist in the integration of the care finder services.
- monitoring and managing performance of care finder organisations
- collecting data in relation to activity as set out by the AHA summary evaluation plan including any additional data that is notified to us by the Department
- developing, implementing and maintaining processes to meet data collection and reporting requirements
- engaging and contributing to the development of the evaluation of the care finder program, ensuring that care finder organisations also meet this requirement
- supporting the integration of the care finder network into the local aged care system by promotional activities, raising awareness, establishing and maintaining relevant partnerships, assisting in developing and embedding referral pathways
- supporting continuous quality improvement of the care finder program by developing a 'community of practice' and collaborating and sharing experiences across the sector
- identifying and addressing opportunities to enhance integration between the health, aged care and other systems at the local level by:
  - conducting cross sectoral working groups
  - seeking advice and direction from PHT's clinical and community advisory boards
  - through the development of a community of practice
- providing , ongoing coordination, maintenance, and participation in the care finder community of practice
- monitoring and managing care finder performance
- support other continuous quality improvement activities of the care finder program
- continuing to identify opportunities to integrate care finders into the wider system
- data collection and reporting.