

Regional Aged Care Quality Committee

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West Vic division of GPs

Strategic role for the Division

- Scope of the problem
 - A/H and GP services
 - Remuneration
 - Quality
- Activities planned and coordinated

West Vic's involvement

■ Background

- Aged population
- Almost all GPs visit NH

■ Issues

- Acute care quality program
 - Medication errors, palliative care, care planning, recurrent admissions
 - A system of measure, no funding for interventions

West Vic's involvement

■ Solution

■ Regional aged care quality committee

- DoHA funded Pilot over last 18mths
- 3 facilities (now 9)
- Multidisciplinary panel
- Issues focused

Model expansion

- Regional aged care quality committee
- Health service region quality committees
- Aged care facility based quality action group

Regional aged care quality committee

■ Role:

- Overview and Expertise
- Recommendations
- Pooled data analysis

■ GP involvement

- 3 GPs, 4 meetings/yr for about 3 hours.

■ Division involvement

- Project worker
- governance

Health service region quality committees

■ Utilize existing quality committees

- +/- GP involvement already

■ Role

- Receive regional recommendations and plan action

■ GP involvement

- Existing, (can fund it).

Aged care facility based quality action group

■ Formation/refinement of quality group

- Fund GP involvement
- Receives recommendations from regional committee
- Plans activities and reviews effect
 - e.g. medication management, falls risk reduction, management of agitated behaviors.
- Project worker support

Example

- Residential falls
 - “this is a problem”
- Regional committee
 - Sources management tools
 - Discusses range of possible activities
 - Project worker to provide recommendations to facility based groups

Example (cont)

- Facility based group
 - Receives recommendations from regional committee
 - Facilitated by project worker
 - Action plan decided
 - Action taken
 - Process reviewed

Challenges

■ Cultural shift

■ Division

- Planning, quality vs service, funding

■ GPs

- Change in focus, quality vs service

■ Facilities

- GP presence, accreditation vs quality clinical care