Residential Aged Care Panels: Planning framework

Examples

		SOLUTION DEVELOPMENT			IMPLEMENTATION			
		Division	**Area**	**Facility**	**Division**	**Area**	**Facility**	**Comments**
Issues	Infrastructure	•	•	•	•	•	•	
	IT/IM	• Obtain clinic software licenses	•	•	•	•	• Set-up software and printing	
	Medico-legal	•	•	•	•	•	•	
	Safety and quality	• Coordinate medication advisory committee guidelines and resources	•	•	•	• Shared medication advisory committees or quality committees	•	
	Workforce	•	• Set-up local roster	•	•	•	•	
	Pharmacy and allied health	•	•	•	•	•	•	
	Protocols	• Source emergency care protocols • Maintain central repository of protocols	•	•	•	•	• Implement emergency protocols	
	Education and training	•	•	•	•	• Provision of staff education	•	
	Acute interface	•	•	•	•	•	•	
	Preventive health care	• Identify falls prevention guidelines	•	•	•	• Falls prevention education and policy development	• Falls prev practices	
	RACF processes	•	• Share experiences on ensuring availability of histories	•	•	•	•	
	After hours	•	•	•	•	•	•	

		SOLUTION DEVELOPMENT			IMPLEMENTATION			
		Division	**Area**	**Facility**	**Division**	**Area**	**Facility**	**Comments**
	Red-tape	• Advocate for streamlining of accreditation burden	•	•	•	•	•	
		•	•	•	•	•	•	

Planning template A: Identifying levels of activity

Please fill in the following with the words “major”, “minor” in each cell where you think there is a role or leave blank if you thing there is no role

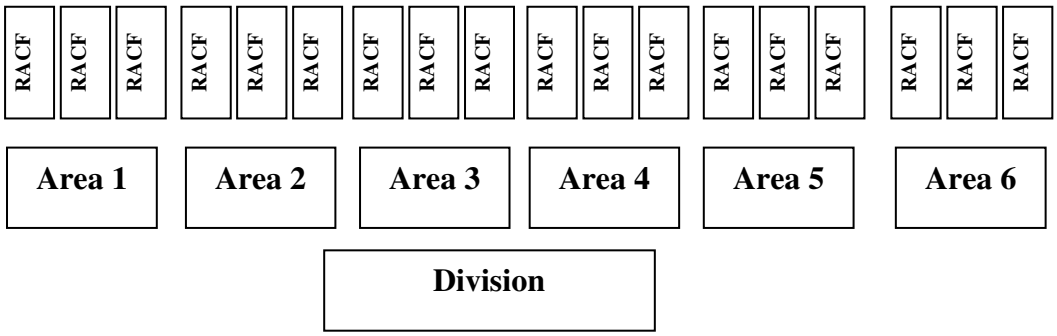
		SOLUTION DEVELOPMENT			IMPLEMENTATION			
		Division	**Area**	**Facility**	**Division**	**Area**	**Facility**	**Comments**
Issues	Infrastructure	•	•	•	•	•	•	
	IT/IM	•	•	•	•	•	•	
	Medico-legal	•	•	•	•	•	•	
	Safety and quality	•	•	•	•	•	•	
	Workforce	•	•	•	•	•	•	
	Pharmacy and allied health	•	•	•	•	•	•	
	Protocols	•	•	•	•	•	•	
	Education and training	•	•	•	•	•	•	
	Acute interface	•	•	•	•	•	•	
	Preventive health care	•	•	•	•	•	•	
	RACF processes	•	•	•	•	•	•	
	After hours	•	•	•	•	•	•	
	Red-tape	•	•	•	•	•	•	
		•	•	•	•	•	•	

Planning template B: Proposed activities

Please fill in possible activities at each level

		SOLUTION DEVELOPMENT			IMPLEMENTATION			
		Division	**Area**	**Facility**	**Division**	**Area**	**Facility**	**Comments**
Issues	Infrastructure	•	•	•	•	•	•	
	IT/IM	•	•	•	•	•	•	
	Medico-legal	•	•	•	•	•	•	
	Safety and quality	•	•	•	•	•	•	
	Workforce	•	•	•	•	•	•	
	Pharmacy and allied health	•	•	•	•	•	•	
	Protocols	•	•	•	•	•	•	
	Education and training	•	•	•	•	•	•	
	Acute interface	•	•	•	•	•	•	
	Preventive health care	•	•	•	•	•	•	
	RACF processes	•	•	•	•	•	•	
	After hours	•	•	•	•	•	•	
	Red-tape	•	•	•	•	•	•	
		•	•	•	•	•	•	

Proposed program structure



Representative requirements

Area level

As much of the focus at area level is on implementation issues it is important that key decision makers from each facility are represented. In addition there may be structures where members are recruited for their expertise (eg Medication Advisory Committee) rather than for representation.

At an area level networks may include GPs, managers from RACFs, relevant local providers or agencies (eg pharmacist, ACAS)

Division level

As most of the focus at the Division level is on solution sourcing or development it is important that members of committees and working groups at this level are chosen for their expertise. In addition the Division will need to have mechanisms to obtain and provide feedback from/to represntatives of the areas and facilities.