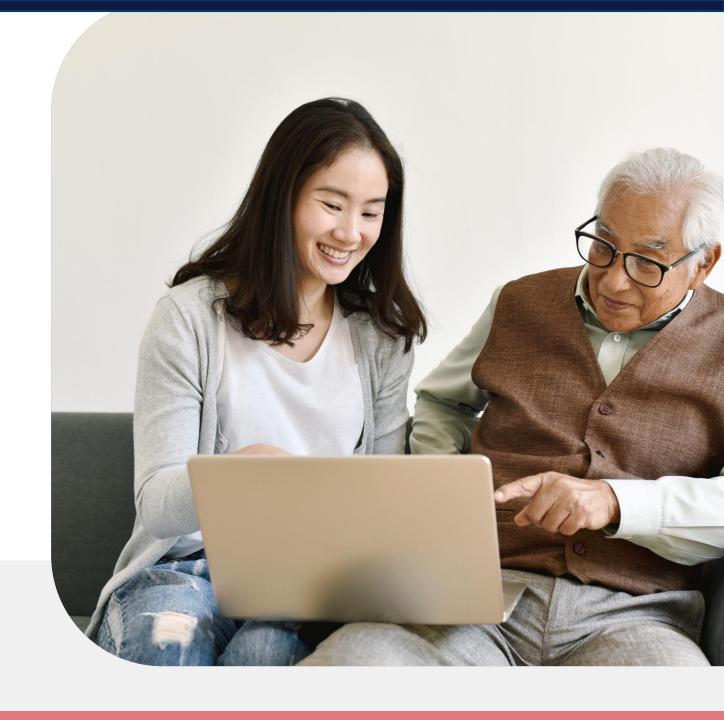enkindle

BRISBANE SOUTH RACH

DIGITAL CAPACITY PROJECT

Prepared by Enkindle Consulting for the Brisbane South PHN – 14 August 2024

The main objective of this project was to understand the barriers faced by RACHs in Brisbane South regarding the adoption of data and digital technologies. By developing a comprehensive summary report alongside tailored, individualised reports for each RACHs visited, we aimed to provide actionable findings and recommendations to support the region's uplift in its digital health capability and capacity. This initiative will assist the aged care workforce, service providers, and health professionals in becoming more digitally empowered to provide higher quality and better-connected, care. Furthermore, the insights gathered will enable the BSPHN to explore additional programs and opportunities to further advance digital health in the region.

Jennene Buckley
Enkindle Consulting Director

Tash Edwards
Enkindle Consulting Director

Anastasia Ward
Enkindle Consulting Analyst

enkindle

Reinvent Reposition Renew

ENKINDLE.COM.AU

CONTENTS

enkindle

1. EXECUTIVE SUMMARY

enkindle

As part of the Australian Government's response to the Royal Commission into Aged Care Quality and Safety, funding has been granted to the Brisbane South PHN (BSPHN) to assist participating Residential Aged Care Homes (RACHs) to uplift their digital health capability and capacity. Empowering RACHs to leverage digital health tools, to improve their residents' access to primary and other healthcare providers, ultimately leading to better care outcomes.

As a part of this initiative, Enkindle was engaged by the BSPHN to:
- Review and update Enkindles digital health interview and audit tool in collaboration with the BSPHN and CARE-PACT.
- Coordinate and undertake a baseline audit of the RACHs within the BSPHN Region.
- Provide a summary report detailing:
  - Our findings and recommendations.
  - The primary healthcare providers (GPs) in the BSPHN region servicing the RACHs.
- Develop individual reports for each RACH participating in the audit (Appendix F).

Enkindle engaged with 94 RACHs within the following hospital service areas.

- Princess Alexandra Hospital
- Mater Private Hospital Brisbane
- Mater Mothers' Private Hospital Brisbane
- Mater Mothers' Private Hospital Redland
- Queensland Children's Hospital
- Canossa Private Hospital
- Belmont Private Hospital
- Redland Hospital
- Sunnybank Private Hospital
- Beaudesert Hospital
- Mater Public Hospital Brisbane
- Logan Hospital
- QEII Jubilee Hospital
- Redland Hospital
- St Vincent's Private Hospital
- Greenslopes Private Hospital

Enkindle engaged and invited all RACHs within Brisbane South to participate in the audit, of which 81 RACHs (86% of the BSPHN footprint) took part in the assessment. The BSPHN approved audit tool was designed to establish a baseline understanding of digital health capabilities and capacity across the region, with a focus on the following areas:

- Internet connectivity.
- Use of digital systems, including clinical care systems and medication management tools.
- Use of digital health tools such as My Health Record, the QLD Viewer, and digital clinical pathways.
- Telehealth usage and practices.
- GP and healthcare provider engagement, after-hours processes and support, and hospital discharge.
- Workforce capability and capacity.

Interviews were conducted with various stakeholders within the RACHs, including facility managers, clinical care managers, general managers, regional managers and ITC support personnel. The initial data collection interviews, which took approximately 1.5 hours each, were conducted face-to-face or virtually, depending on the preference and agreement of the participants. Additional follow-up information was gathered through phone calls, emails and video calls to ensure comprehensive data collection and clarification where needed.

This report includes the following:

- **A summary** of findings from the audit.
- **Recommendations** on how the PHN can support RACHs to uplift their digital health capability and capacity, close gaps in after-hours services, utilise or increase the use of digital health technologies, uplift staff capability and confidence in using digital systems and increase telehealth usage.
- Details of supporting **GPs** (where provided).
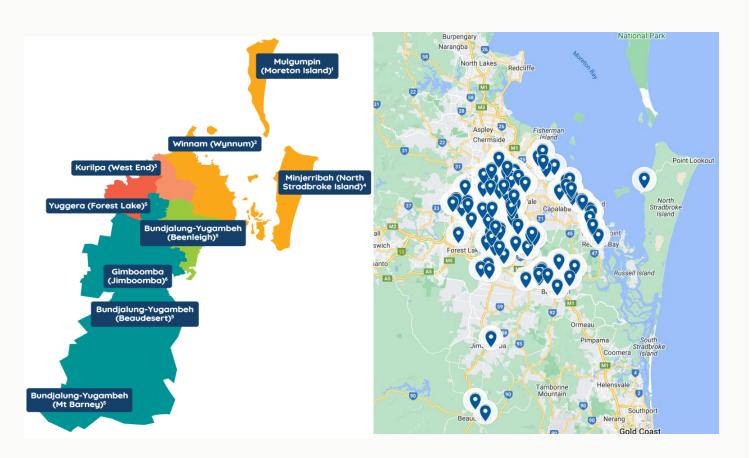- Updated **contact details** of RACH key personnel.

1.2 PROJECT PLAN

enkindle

Project	BRISBANE SOUTH RACH DIGITAL CAPACITY PROJECT	Proposed Dates	March to August 2024
Description	Enkindle has been commissioned by the Brisbane South PHN (BSPHN) to: • Refine and finalise the RACH questionnaire to be used in the audit. • Pilot the questionnaire with three (3) RACHs to test the questions and domains of the audit. • Engage with the RACHs in the region to participate in the audit. • Conduct an audit with 94 RACHs to establish baseline data about RACHs' capability and capacity for digital health, especially telehealth capability, and infrastructure. • Develop an individual report for all participating RACHs within the audit identifying baseline capability and recommendations for improvement (attachment 6.3). • Develop and present a summary report.	BSPHN Lead	JAMIE MATTHEWS-MAHER
		Team	Enkindle Consulting Pty Ltd Leads: Jennene Buckley & Tash Edwards Anastasia Ward Melissa Martin

In Scope	Out of Scope	Risks
Engagement of 94 RACHs to participate in the digital health capability and capacity audit. Enkindle will work with the BSPHN on an engagement strategy leveraging the BSPHN's existing contacts and relationships. Audits will be conducted face-to-face or virtually, targeting 60 face-to-face audits. Insights will focus on the areas of digital software usage, telehealth, and after-hours practices to establish a baseline for the Brisbane South region. Each RACH will be asked to bring their facility manager, clinical care manager, or registered nurse and IT support to the audit. It is estimated that each RACH interview will take 1.5-2 hours. Individual summary templates will be created and approved by the BSPHN, and each participating RACH will receive an individual summary. The collective findings will be summarised in a report for the BSPHN.	• Recorded interviews. • Photos or filming. • Engagement with residents in care or their carer/family. • Doctors and/or health service engagement. • Validation of comments and findings from interviewees.	**Project Risks** • Enkindle not meeting the expectations of BSPHN. • RACHs not willing to assist. • Communication challenges with busy RACH managers. • Cancellations of booked services. **Prevention Strategies** • Provision of audit questionnaire and recommendations provided to the BSPHN for feedback and approval. • Support from BSPHN with stakeholder engagement. • Seek out a regional manager or second contact person to engage with RACHs.

GANTT CHART

2024 MONTH	MARCH	APRIL	MAY	JUNE	JULY	AUGUST

- Agreement signed
- Kick-off Meeting
- Steering Committee Meetings (April)
- Steering Committee Meetings (May)
- Steering Committee Meetings (June)
- Steering Committee Meetings (July)
- RACH ENGAGEMENT TO PARTICIPATE
- DRAFT INSIGHTS TOOL
- Audit Tool Approved
- AUDITS
- DEVELOP INDIVIDUAL REPORTS
- DESIGN INDIVIDUAL REPORT
- Individual Report Approved
- ANALYSIS OF FINDINGS
- REPORT DRAFTING
- Present Summary Report

6

1.3 RACH ENGAGEMENT
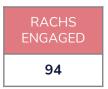
REGION: Brisbane South PHN

81 Participating RACHs

Mulgumpin (Moreton Island)[1]
Winnam (Wynnum)[2]
Kurilpa (West End)[3]
Minjerribah (North Stradbroke Island)[4]
Yuggera (Forest Lake)[5]
Bundjalung-Yugambeh (Beenleigh)[5]
Gimboomba (Jimboomba)[6]
Bundjalung-Yugambeh (Beaudesert)[5]
Bundjalung-Yugambeh (Mt Barney)[5]

RACHS ENGAGED

RACHS ENGAGED
94

VISITS

Site Visit	Virtually	Declined to participate
56*	25	13

*Noting 60 RACHs visited - but four rescheduled to virtual meetings.

EVALUATIONS COMPLETED

Completed in Full	Partial completion
77	4

SIZE OF PROVIDERS

Stand Alone	Small (2-4 RACs)	Medium (5-10 RACs)	Large (11+)	Health Services
14	8	15	43	1

TOTAL NUMBER OF RACH BEDS*

RACH BEDS
8019

TOTAL NUMBER OF STAFF*

RACH STAFF
9957+

* Based on completed evaluations

Facility	Status
Adventist Retirement Village Victoria Point	V
Algester Lodge	SV
Anglicare SQ Edwin Marsden Tooth Memorial Home for Aged	V
Arcare Eight Mile Plains	V
Arcare Logan Reserve	SV
Arcare Parkinson	SV
Arcare Seven Hills	D
Arcare Slacks Creek	SV
Arcare Springwood	SV
Arcare Thornlands	D
Bakhita Villa Aged Care (Ozcare)	SV
Berrinba Greens Care Community	SV
Bethania Gardens	SV
Beth Eden	D
Bethesda Caring Centre	SV
Blue Care Alexandra Hills Nandeebie Aged Care Facility	SV
Blue Care Beenleigh Bethania Haven Aged Care Facility	SV
Blue Care Carbrook Wirunya Aged Care Facility	SV
Blue Care Carina Aged Care Facility	V
Blue Care Redland Bay Yarrabee Aged Care Facility	SV
Blue Care Springwood Yurana Aged Care Facility	SV
Blue Care Sunnybank Hills Carramar Aged Care Facility	SV

Facility	Status
Blue Care Wynnum Aged Care Facility	V
Bolton Clarke Carrington	SV
Bolton Clarke Cazna Gardens	SV
Bolton Clarke Moreton Shores	SV
Bolton Clarke Talbarra	SV
Calamvale Parklands Care Community	SV
Camp Hill Residential Aged Care	D
CapellaBay Aged Care	SV
Carinity Wishart Gardens	SV
Casa D'amore Apartments	D
Churches of Christ Care Brig-O-Doon Aged Care Service Acacia Ridge	V
Churches of Christ Care Buckingham Gardens Aged Care Service Alexandra Hills	V
Churches of Christ Care Clive Burdeu Aged Care Service Hillcrest	SV
Coorparoo Aged Care	V
Esida	D
Finlandia Village	D
Forest Lake Lodge	SV
Garden City Aged Care Services	D
Georgina Margaret Davidson-Thompson Hostel	V
Holland Park Aged Care	V
Infin8 Care Cleveland	SV

Facility	Status
Infin8 Care Cornubia	P
Janoah Gardens	SV
Bethania Parklands Aged Care Facility	SV
Jimbelunga Nursing Centre	SV
Jimboomba Community Aged Care	V
Lorocco	D
Marebello	D
Nareeba Moopi Moopi Pa Aged Care Hostel	V
Nash Court - Sinnamon Village	SV
Nazareth House Wynnum	V
Nazareth Residential Aged Care	V
Oxley Grove Care Community	V
Palm Lake Bethania Aged Care Facility	P
Palm Lake Care Mt Warren Park	P
Pine Lodge Home for the Aged	V
Prins Willem Alexander Lodge (Micare)	V
Redland Residential Care Facility	V
Regis Birkdale	SV
Regis Bulimba	V
Regis Chelmer	SV
Regis Greenbank	SV
Regis Salisbury	V

Facility	Status
Regis Wynnum	P
Regis Yeronga	SV
Seaton Place Aged Care	D
Sinnamon Village - Dovetree	SV
Sinnamon Village - Jacobs Court	SV
Sinnamon Village - Kentish Court	SV
Sinnamon Village - Knowles Court	SV
Sinnamon Village - Nash Court	SV
Sinnamon Village - Reid Court	SV
Southern Cross Care Edens Landing	SV
Southern Cross Care Holland Park - Duhig Village	V
Southern Cross Care Stretton Gardens	SV
Springwood Terrace Care Community	SV
St Luke's Green Residential Care	SV
St Nicholas Aged Care	D
St Paul de Chartres Residential Aged Care	SV
St Vincent's Care Services Carina	V
St Vincent's - Lilian Cooper	SV
St Vincents Corinda	SV
Sunnycare Residential	D
Sylvan Woods Aged Care	SV
The Plains	SV

Facility	Status
Tricare Annerley Aged Care Residence	SV
TriCare Jindalee Aged Care Residence	SV
TriCare Mt Gravatt Aged Care Residence	SV
TriCare Sunnybank Hills Aged Care	SV
TriCare Upper Mount Gravatt Aged Care	SV
Trinder Park	SV
Village Coorparoo Aged Care	V
Wellington Park Private Care	SV
Whiddon Beaudesert Star	V
Wongaburra Garden Settlement	V

KEY

Code	Description	Count
SV	Site Visit	56
V	Virtual	25
D	Declined participate/respond	13
P	Partial Completion	4

1.5 DIGITAL HEALTH CAPABILITY MODEL

There are two overarching success factors in increasing the use of digital systems and tools in RACHs

1) **Building Digital Health Infrastructure, Systems, and Processes:** Establishing the necessary infrastructure, systems and processes is crucial for ensuring RACH's can build their capacity and capability to effectively use digital systems or tools such as telehealth or My Health Record; and

2) **Empowering Primary Care & Health Professionals**: Ensuring primary care and health practitioners within the region have embedded the capacity and capability to engage with the digital tools within their practice. This includes actively offering and conducting telehealth consultations, seamlessly updating the clinical management system (automatically uploading to My Health Record), and using electronic prescribing systems.

Several barriers or challenges affect Brisbane South PHN's digital health capability footprint. These interdependent factors are described in more detail within the individual sections of the report. Individual reports also provide recommendations to support the RACHs in enhancing their digital capability and capacity.

1. Digital Capacity & Capability

Digital Business Processes

(My Health Record registration, bookings, conducting telehealth, embedding telehealth standards)

Training on Digital Systems Business Processes

(including orientation programs)

Electronic Medication Management System

Electronic Client Management System

Access to My Health Record

Access to QLD Health Viewer

Reliable Internet Service

Connectivity

(within RACH)

Digital Equipment

(setup ready & unrestricted)

Platforms (e.g., healthdirect)

2. Someone To Digitally Engage With

General Practice

(appointments/rounds)

Hospital Palliative Care

Geriatricians/Psycho Geriatricians

CARE-PACT

General Practice

(after-hours)

Hospital Older Peoples Mental Health

Wound Specialists

Hospital ED

Hospital Outpatient Services

Allied Health

1.6 SUMMARY FINDINGS AND RECOMMENDATIONS

enkindle

FINDINGS SUMMARY

CONNECTIVITY

- Sixty-seven facilities rated their cellular connectivity as excellent, very good, or good. Seventy-three RACHs stated that the Wi-Fi internet was excellent, very good, or good and 100% of facilities had Wi-Fi connectivity.
- Nearly 70% of RACHs reported that there are blackspots or dropouts in the facility, although not all affect resident rooms.
- Only two facilities reported poor internet coverage (both cellular and Wi-Fi).

CLINICAL SYSTEMS

- 100% of facilities use an electronic Client Management System (CMS).
- 99% of GPs and health professionals access the CMS onsite, and 78% can access the CMS remotely.
- 96% of GPs and health professionals access the eMMS onsite, and 92% can access the eMMS remotely.
- 99% of RACHS have implemented a conformant eNRMC. The remaining RACH is in the process of selecting/implementing eNRMC.

DIGITAL HEALTH TOOLS

- 5% (n = 4) of facilities use My Health Record (MHR).
  - 58% (n = 34) were not even aware of the MHR
- 41% (n = 31) of facilities use the QLD Viewer.
  - 32% were not aware of the Viewer
  - 83% did not know the difference between the Viewer and MHR
- 81% of facilities use Clinical Pathways.

RECOMMENDATIONS SUMMARY

- Specific recommendations are provided within the individual RACH reports on improving connectivity for consideration for providers.
- BSPHN to target RACHs with poor internet to understand the options and benefits of addressing connectivity issues (including satellite options).

- BSPHN to promote the use of RACH CMS by offsite health professionals (e.g. after-hours GP and CARE-PACT team), to support clinical assessment and decision making, particularly when undertaking telehealth consultations.
- BSPHN to raise awareness of eNRMC with general practitioners not yet adopting this new technology, promoting the benefits of utilising a national medication chart, for improved medication managed outcomes for residents.

- BSPHN to engage the corporate offices of RACHs to coordinate the implementation of MHR and QLD Viewer for the RACHs in the BSPHN region.
- BSPHN to partner with CARE-PACT to facilitate awareness, registration, training, and use of the QLD Viewer by RACHs.
- BSPHN to partner with CARE-PACT to consider the feasibility and sustainability of publishing and distributing a QLD Health's clinical pathway resource that can be stored at the nurses' station for ease of access, and periodic updates.

1.6 SUMMARY FINDINGS AND RECOMMENDATIONS

enkindle

FINDINGS SUMMARY

TELEHEALTH USAGE

- 58% of RACHs do not have scheduled or planned video telehealth consultations.
- Many facilities reported that since COVID, only ad-hoc telehealth was being utilised.
- 100% of RACHs indicated they did not have a standard video platform for telehealth consultations, with Microsoft Teams as the most common response.

STAFF CAPABILITY

- 100% of staff are not trained on the use of the My Health Record and 89% are not trained to use the QLD Viewer.
- Staff competency (33%) and confidence (36%) are the biggest reported barriers to increasing the use of digital health software.
- 34% of facilities indicated a registered nurse turnover more significant than 10% in the last year, with 5% indicating 30% or higher. This, together with agency staff usage, impacts ongoing training needs and maintaining MHR access.

HOSPITAL & HEALTH SERVICES

- 96% of RACHs access discharge information from discharge papers returned with the resident followed by contacting the hospital.
- However, only 18% of RACHs reported that they "Always" get the discharge paper back with the resident in a timely manner.
- RACHs reported that there is a disconnect between the hospital and the facility, and they feel they are not seen as care providers in the same way.
- Depending on the hospital, whether public or private, there is major variation in both the discharge summary size and whether or not one is supplied.

RECOMMENDATIONS SUMMARY

- BSPHN to actively support RACHs in the promotion of the new telehealth capability of RACHs (once established) with GPs, health professionals, and hospital services (partnering with telehealth units within HHSs).
- Assist RACHs in communicating and engaging with general practitioners (GPs) and other health professionals to familiarise them with telehealth technologies and best practices and address concerns or misconceptions related to telehealth.
- BSPHN to promote healthdirect within the regions as a standard telehealth platform for GP and RACHs. Utilise the healthdirect funded initiative, whereby PHNs can set up RACHs with a virtual clinic free of charge.

- BSPHN to prioritise grant funds to support:
  - The development of a digital health business process toolkit for RACHs.
  - Training at least two digital health champions within each RACH service to assist to customise the toolkit for their RACH (e.g., work instructions on booking appointments and how to support appointments) and train clinical and administrative teams (if involved).
- The BSPHN to promote the new telehealth training modules that are available from the Aged Care Quality and Safety Commission training platform Alis here. Refer to Annexure B.

- Undertake consultation sessions with facilities in the BSPHN footprint as to what they may require within an aged care discharge summary.
- Facilitate Private Hospital and RACH engagement that aims for better resident outcomes through improved communications and an improved understanding of the role and responsibility of the RACH and their clinical staff in the clinical care of their residents.
- Partner with HHS telehealth units, outpatients, and hospital in-reach programs to promote virtual video consultations across the hospital and health services.

1.6 SUMMARY FINDINGS AND RECOMMENDATIONS

enkindle

FINDINGS SUMMARY

RECOMMENDATIONS SUMMARY

CARE-PACT

- Of 81 RACHs interviewed, 93% reported that CARE-PACT visited onsite.
- Facilities reported that they would prefer to call CARE-PACT over an after-hours doctor's service.
- The most common response received when asked if they could change anything about CARE-PACT was the operating hours.
- More formal face-to-face training delivered by CARE-PACT was requested, particularly for new graduates.

- Engage CARE-PACT on any future RACH resident journey mapping activities.
- Partner with CARE-PACT to engage with aged care relevant stakeholders such as the various staffing agencies contracted to work at the RACHs.
- Consider the opportunity to share current contact details between CARE-PACT and the BSHPHN for the RACHs. CARE-PACT is in very regular contact with the clinical managers and staff at each site.

GENERAL PRACTICE AND AFTER HOURS

- 100% of services had visiting regular GPs. The presence and attitudes of general practitioners in the area drives the uptake of certain systems or digital tools.
- 51% of facilities reported that they can contact their GP after-hours, but this was dependent on the GP and the resident's situation. A text or email is the usual contact method.
- 88% of RACHs with the BSPHN utilise the same afterhours GP service. Noting delays in service response as a major issue when accessing service.

- Promote, alongside the rollout of My Medicare in RACHs, good practice protocols for GPs on the active use of digital health in RACHs (e.g., Telehealth, remote access, and updates to RACH's CMS and eNRMC as well as the MHR) for better resident care outcomes.
- Advocate for the extension of operating hours of CARE-PACT to increase coverage, approximately 7.30 am–8.00 pm, 7 days per week. As well as the utilisation of video telehealth where appropriate with the aim of improving the capacity of service, by reducing travel time.
- BSPHN to continue to support the development of alternative after-hours GP solutions to reduce reliance on the one primary afterhours GP service (Hello Home Doctor Service) in the region.

BSPHN ENGAGEMENT

- When initial engagement for the project was made, the majority of emails or contact details were no longer in use, indicating a lack of communication with RACHs across the BSPHN footprint where automation is relied upon.
- Facility managers and clinical staff reported that they were unsure of how the PHN looks after aged care or what their role was across Brisbane South.

- BSPHN to work with CARE-PACT to host a series of RACH specific forums, e.g. 90-minute breakfast sessions, inviting regional managers, facility managers and clinical leads.
- Collaborate with CARE-PACT to actively manage RACH contact lists (e.g., monitor email bounce-backs and follow-up, and conduct annual audits through direct phone and email contact).
- BSPHN to develop a resource or guide that explains the role of the BSPHN in aged care and how they can support RACHs.

To assist in understanding the RACHs' capacity and capability for digital systems, each Residential Aged Care Home (RACH) has been evaluated against key domains of digital health, inclusive of connectivity within the service, adoption of digital software, including the My Health Record, equipment and telehealth business process, utilisation of telehealth and Staff capability.

Incomplete (0-12)	
Current digital capability is low and requires support in multiple areas to engage in telehealth and utilise digital health tools.	
Exploratory (13-33)	
Starting to engage in telehealth and utilise digital health tools – further support is required to establish digital health capability.	
Established (34-45)	
Has telehealth and/or digital health tool utilisation – some support to improve digital health capability may be needed.	
Leading (46-57)	
Leading in the areas of telehealth and digital health tool utilisation - minimum support is required.	
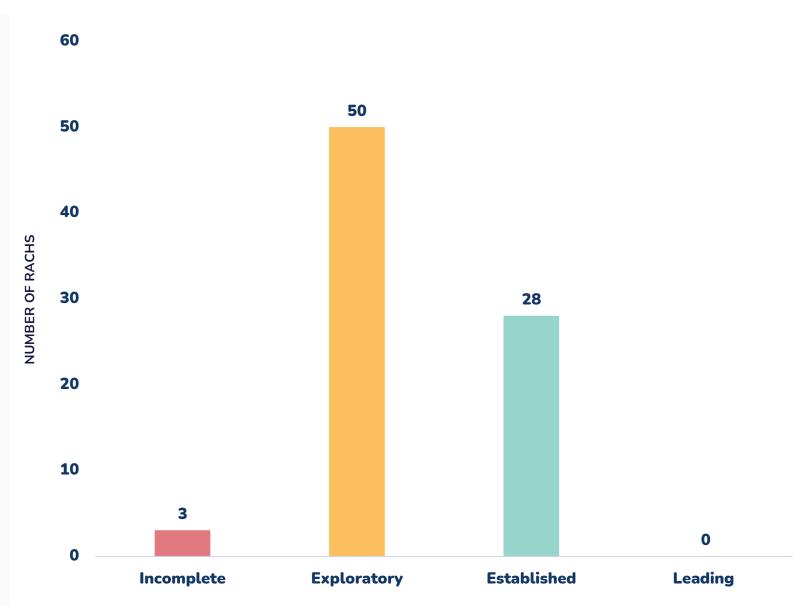
NUMBER OF RACHS

Incomplete	Exploratory	Established	Leading
3	50	28	0
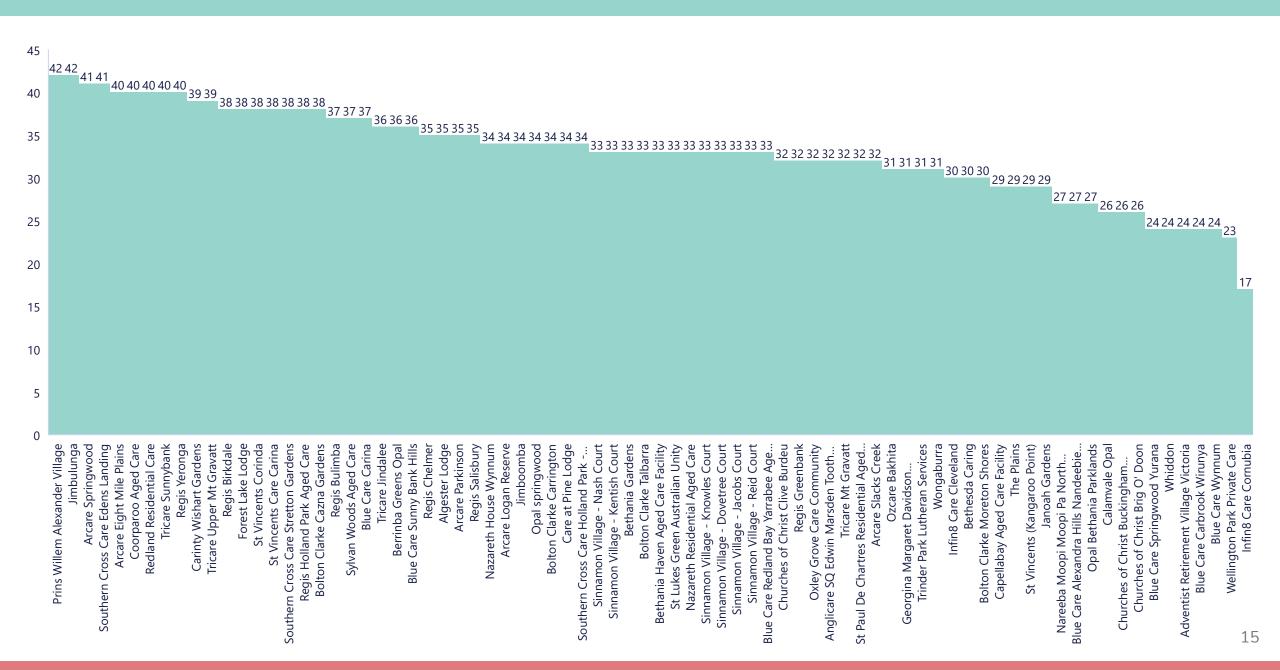
Incomplete (0-12)	Exploratory (13-33)	Established (34-45)

Incomplete (0-12)

Small (2-4 RACHs)
- Palm Lake Bethania Aged Caring Community
- Palm Lake Care Mount Warren Park

Large (11+ RACHs)
- Regis Wynnum

Exploratory (13-33)

Standalone (1 RACH)
- Adventist Retirement Village Victoria
- Wellington Park Private Care
- Whiddon Beaudesert Star
- Bethania Gardens
- Jimboomba Community Aged Care
- Pine Lodge Home
- St Paul De Chartres Residential Aged Care
- Wongaburra Garden Settlement
- Nareeba Moopi Moopi Pa Residential Aged Care
- Georgina Hostel and Aged Care Facility

Small (2-4 RACHs)
- Nazareth Residential Aged Care
- Janoah Gardens Aged Care Facility
- Nazareth House Wynnum
- The Plains Aged Care Facility

Medium (5-10 RACHs)
- Dovetree Sinnamon Village
- Jacobs Court Sinnamon Village
- Kentish Court Sinnamon Village
- Knowles Court Sinnamon Village
- Nash Court Sinnamon Village
- Reid Court Sinnamon Village
- Bethania Parklands Care Community
- Bethesda Caring Centre
- Calamvale Parklands Care Community
- Oxley Grove Care Community
- Springwood Terrace Care Community
- St Lukes Green Australian Unity

Large (11+ RACHs)
- Arcare Slacks Creek
- BlueCare Alexandra Hills Nandeebie
- Blue Care Springwood Yurana Aged Care Facility
- BlueCare Carbrook Wirunya
- BlueCare Wynnum Aged Care Facility
- BlueCare Yarrabee
- Bolton Clarke CapellaBay
- Bolton Clarke Carrington
- Bolton Clarke Talbarra
- Infin8 Care Cornubia Aged Care Facility
- Infin8 Care Cleveland
- Bethania Haven Aged Care Facility
- Anglicare Southern Queensland E.M. Tooth Memorial Home
- Arcare Logan Reserve
- Southern Cross Care Duhig Village
- Churches of Christ Buckingham Gardens
- Churches Of Christ Care Brig-O-Doon
- Churches Of Christ Clive Burdeu
- Bolton Clarke Moreton Shores
- St Vincent's Kangaroo Point
- Tricare Mt Gravatt Aged Care Residence
- Trinder Park Lutheran Services Aged Care Facility
- Regis Greenbank
- Ozcare Bakhita Villa

Established (34-45)

Standalone (1 RACH)
- Algester Lodge
- Coorparoo Aged Care
- Forest Lake Lodge Aged Care Facility
- Jimbelunga Aged Care Facility
- Prins Willem Alexander Lodge

Small (2-4 RACHs)
- Carinity Wishart Gardens

Medium (5-10 RACHs)
- Berrinba Greens Care Community
- Sylvan Woods Aged Care

Large (11+ RACHs)
- Arcare Eight Mile Plains
- Arcare Parkinson
- Arcare Springwood
- BlueCare Carina
- BlueCare Sunny Bank Hills
- Bolton Clarke Cazna Gardens
- Redland Residential Care Facility
- Regis Birkdale
- Regis Bulimba
- Regis Chelmer
- Regis Holland Park
- Regis Salisbury
- Regis Yeronga
- Southern Cross Care Edens Landing
- Southern Cross Care Stretton Gardens
- St Vincent's Care Corinda
- St Vincent's Care Carina
- Tricare Jindalee Aged Care Residence
- Tricare Sunnybank Hills Aged Care Residence
- Tricare Upper Mt Gravatt Aged Care Residence

1.7 DIGITAL HEALTH CAPABILITY SCORING

enkindle

2.1 CONNECTIVITY

KEY FINDINGS & RECOMMENDATIONS
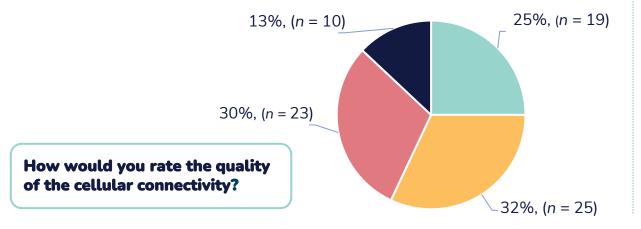
enkindle

enkindle

FINDINGS — Cellular Internet (Mobile Phone/Sim Card)

- 67 homes rated their cellular connectivity as excellent, very good, or good.

- Out of the ten homes that rated their cellular connectivity as poor, two RACHs had poor Wi-Fi, four had good Wi-Fi, one very good Wi-Fi and three had excellent.

- The cellular provider supplying most of the RACHs was Telstra (68%). Some facilities commented that they use a mixture of providers and, therefore, used devices for different areas in the building.

- Cellular is not the homes primary internet source, its usually used as a backup to their Wi-Fi or internet service.
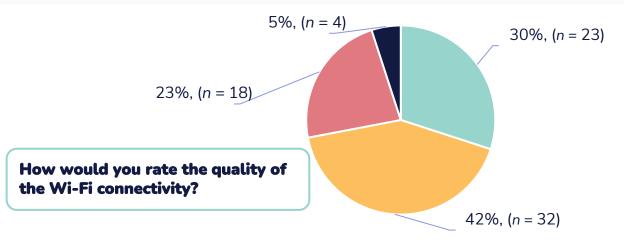
Some services we spoke to have multiple internet providers as well as a mix of cellular and Wi-Fi technology. When speaking with ITC support, they advised that this is driven by providers becoming more reliant on technology and the need to ensure business continuity.
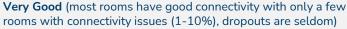
FINDINGS — Wi-Fi Internet (Broadband, Fibre, Fixed Wireless)

- 100% of facilities have Wi-Fi-enabled internet within the service.

- The quality varied across the region with 73 RACHs stating that the Wi-Fi internet connectivity was excellent, very good, or good.

- Nearly 70% ($n = 54$) of RACHs reported that there are blackspots or dropouts in the home. RACHs reported that these were often due to the building, weather events or location of the boosters in place.

- Twenty-six of the homes are undergoing or plan to undergo a Wi-Fi upgrade. Some stating upgrades are now regular.

- Nineteen homes have undergone a Wi-Fi upgrade in the last 12 months.

- 99% of visiting healthcare practitioners have access to Wi-Fi when onsite.

13%, ($n = 10$) 25%, ($n = 19$)
30%, ($n = 23$)
32%, ($n = 25$)

How would you rate the quality of the cellular connectivity?

5%, ($n = 4$) 30%, ($n = 23$)
23%, ($n = 18$)
42%, ($n = 32$)

How would you rate the quality of the Wi-Fi connectivity?

Excellent (overall good connectivity throughout RACH, dropouts are rare)

Very Good (most rooms have good connectivity with only a few rooms with connectivity issues (1-10%), dropouts are seldom)

Good (most rooms have good connectivity, some rooms have connectivity issues (11-30%), dropouts are seldom)

Poor (connectivity issues throughout the RACH (31%), regular dropouts)

enkindle

26
RACHs are planning or undergoing Wi-Fi upgrades

2
RACHs have both poor Wi-Fi and cellular connectivity

100%
of the RACHs have Wi-Fi internet capability

FINDINGS - POOR WI-FI CONNECTIVITY

RACH	Provider Size	Poor Connectivity	Upgrade planned
Nareeba Moopi Eden's Pa North Stradbroke Island Aboriginal & Islanders Housing Co-operative Society Ltd	Stand Alone	Poor Wi-Fi (more than 31% of rooms affected). However, cellular connectivity is rated as very good with potential drop out depending on location.	Yes
Churches of Christ Clive Burdeu	Large	Poor Wi-Fi (more than 31% of rooms affected). However, cellular connectivity is rated as very good. Over 80% of the RACH requires boosters.	Yes
Trinder Park Lutheran Services	Medium	Poor Wi-Fi (more than 31% of rooms affected) and poor cellular reception.	Yes
Blue Care Carbrook Wirunya	Large	Poor Wi-Fi (more than 31% of rooms affected) and poor cellular reception.	No

Overall connectivity within the RACHs in the BSPHN region was good, and most RACHs can undertake bedside use of digital health technology. This is a change in what we have found in the other areas, and we feel two major factors drive it:

1. The recent move to an Electronic National Residential Medication Chart, where the technology used is predominately application-based on tablet or iPad at the bedside.
2. The request from those entering care to access Wi-Fi for activities like viewing Netflix or YouTube.

Some RACHs have also noted that recent upgrades to their clinical management systems have necessitated ITC infrastructure and internet upgrades. This underscores the ongoing need for technological advancement in aged care homes and is reflected in 26 RACH reporting they are undergoing upgrades or have them planned for the future.
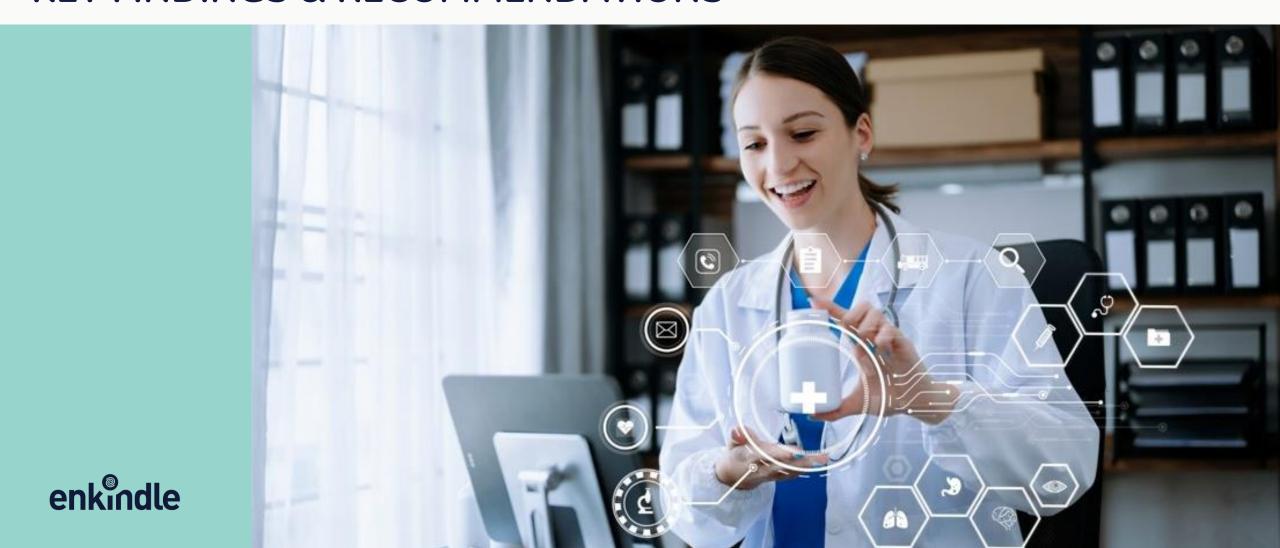
RECOMMENDATIONS FOR THE PHN:

- Enkindle has made specific recommendations within individual RACH reports for RACH providers to consider.
- BSPHN to target RACHs with poor internet to understand the options and benefits of addressing connectivity issues (including satellite options).
- For the remotely located RACH (Stradbroke Island), BSPHN could discuss alternative internet options, such as satellite internet (https://www.starlink.com/map), to assist in improving the usage of digital health tools in an aid to improve access for residents and outcomes.

18

2.2 DIGITAL SYSTEMS

KEY FINDINGS & RECOMMENDATIONS

enkindle

enkindle

The Royal Commission into Aged Care Quality and Safety recommended that all residential care providers implement a digital clinical management systems (CMS) that integrates with My Health Record (MHR). This recommendation has been incorporated into the new Strengthened Quality Standards, which are expected to come into effect no earlier than 1st July 2025.

Currently, 100% of the RACHs interviewed use electronic clinical care systems, though these systems are at varying stages of compliance with MHR.

The Australian Digital Health Agency (ADHA) is actively working with RACH CMS software vendors to develop conformant systems, including preparing for the introduction of Aged Care Transfer Summaries.
In addition to My Health Record conformance, the ADHA is set to release new Clinical Information Standards (CIS) in late 2024. These standards will outline the minimum requirements for clinical information systems used in residential aged care facilities.

Department of Health and Aged Care
Aged Care Data and Digital Strategy 2024-2029
Outcome 3 | Data is shared and reused securely to deliver a sustainable and continually improving aged care system.

Digital Health Agency
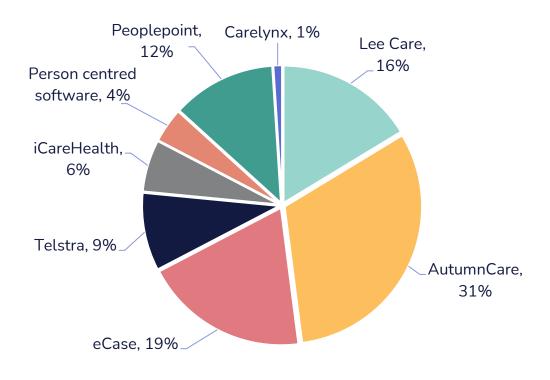My Health Record B2B Register of Conformance
Aged Care Industry Offer

Aged Care Quality and Safety Commission
Standard 2 Ref. 2.7.1 and 2.7.2

100% of Residential Aged Care Homes have a clinical care management system in place

What is the name of your CMS?

FINDINGS

Specific to the BSPHN region, our findings indicated that:

- 100% of RACHs use a CMS or are in the process of implementing a CMS.

- Six facilities are implementing a new CMS or have identified that they need to upgrade.

- 99% of RACHs with CMSs provide general practitioners access to the CMS onsite.

- 78% of RACHs with CMSs provide general practitioners access to the CMS remotely. However, just under 10% of GPs refuse to write to the system.

- 63 of the 81 CMSs are MHR conformant or part of the Aged Care Industry Offer (ACIO).

- Not all RACHs were able to identify their version being used, this together with the low level of access in the region to the MHR, we were unable to ascertain if the version being used at each RACH is MHR conformant.

- There is a mix of how GPs interact with the CMS. Some enter their clinical notes directly into the system, whilst the others send their clinical notes to the RACH for the staff (typically nurse) to enter data into the CMS and/or attach as a file to the client record.

- Care notes and data is typically entered by nurses and care staff on desktop computers or laptops at the nurses' station during or at the end of a shift.

- Very few RACHs practice point-of-care data entry, where data is captured into the system at the bedside on a mobile device (i.e., laptop or tablet). This is known to be best practice, and some RACH managers reported they are championing this moving forward.

- RACHs reported that main internal users of the CMS are clinical and care staff, however many facilities also have administration, and ancillary staff using it, however, their access to certain client and clinical data is restricted.
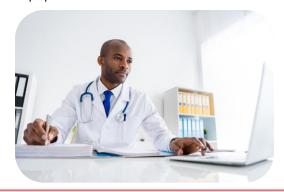
34% Of data is captured at the bedside by clinical staff

RECOMMENDATIONS FOR THE PHN:

- Educate RACHs on the benefits of enabling their CMS to be accessed offsite by health professionals (e.g., after-hours GP and CARE-PACT team) for better clinical assessment and decision-making.

- Provide education to primary health practitioners about the benefits of accessing the residential CMS offsite when undertaking telehealth (including phone and email) and for real-time access and updates to client clinical care records.

- Support RACHs to showcase practices in the region where point-of-care data entry at the bedside is being used to improve efficiency by reducing notes completed on paper and then transferred into CMS later.

The electronic medication management (EMM) system is another critical element of the comprehensive framework underpinning the digital health of RACHs. The Department of Health and Aged Care has offered two funding rounds (since July 2022) to help RACHs implement an Electronic National Residential Medication Chart. Round three (3) was due to commence in July 2024.
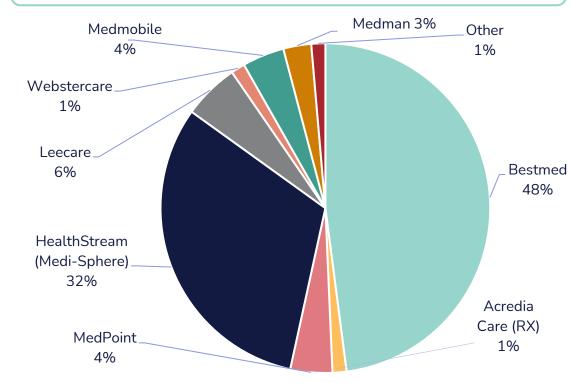
Department of Health and Aged Care
Electronic National Residential Medication Chart (eNRMC) adoption grant opportunity information pack

FINDINGS

Our findings described:

- The implementation of electronic medication systems in 99% or 76 homes is a significant development, primarily influenced by the eNRMC funding opportunity.
- The one RACH (Georgina Margaret Davidson – Thompson Hostel) that does not have an electronic medication system, has received grant funding and is exploring various software and implementation options.
- 100% of RACHs have implemented or are progressing toward implementing a conformant eNRMC.
- 92% of the 81 RACHs have stated that health professionals can access their electronic medication systems remotely. As expected, general practitioners and pharmacists were the primary health practitioners utilising the EMM system.
- 3 RACHs reported that healthcare practitioners were able to access the EMM system; however, three facilities reported GPs preferred not to access the system offsite and instead still sent paper-based documents to the pharmacist.
- Clinical staff that use the EMM system are predominantly registered nurses, endorsed enrolled nurses, and medication-competed care staff.
- Unlike the clinical care system, most EMM systems are used at the bedside. The medication trolleys are often equipped with a laptop or a tablet to access the EMM system.

What is the name of your electronic medication management (EMM) system?

Medmobile 4%
Medman 3%
Other 1%
Webstercare 1%
Leecare 6%
Bestmed 48%
HealthStream (Medi-Sphere) 32%
Acredia Care (RX) 1%
MedPoint 4%

RECOMMENDATIONS FOR THE PHN:

- BSPHN to raise awareness of eNRMC with general practitioners not yet adopting this new technology, promoting the benefits of utilising a national medication chart, for improved medication managed outcomes for residents.

2.3 DIGITAL HEALTH TOOLS

KEY FINDINGS & RECOMMENDATIONS

enkindle

The Digital Health Agency is leading My Health Record (MHR) registration and usage in RACHs. In addition to a direct campaign to increase adoption, Aged Care IT Council was engaged to develop MHR guidance material specifically for RACHs (Appendix C). The Agency continues to work alongside sector vendors through industry offers to improve the interoperability of clinical care management systems software with MHR being used in RAC. Including interoperability with MHR and the future capability to generate an Aged Care Transfer Summary in the event a resident transfers to hospital. Furthermore, the Aged Care Quality and Safety Commission's draft strengthened Quality Standards refers to the future integration of information into a 'nationally agreed digital health and aged care record'.

Department of Health and Aged Care
Aged Care Data and Digital Strategy 2024-2029
Outcome 3 | Data is shared and reused securely to deliver a sustainable and continually improving aged care system.

Digital Health Agency
My Health Record B2B Register of Conformance
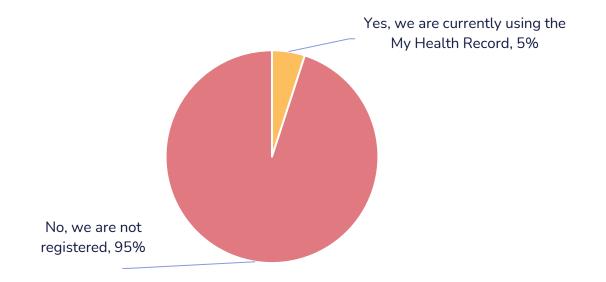Aged Care Industry Offer

Aged Care Quality and Safety Commission
Standard 5 Clinical Care Ref. 5.1.5

FINDINGS

- 95% of RACHs do not currently have access to My Health Record (MHR).

- Four RACHs with MHR access indicated only the facility management and specialist clinical roles, such as quality and infection control, could access immunisation records and admission information.

- Of the four RACHs that reported using MHR, viewing discharge summaries (35%) was the main reason for accessing the record, followed by viewing immunisation records (24%).

- When asked to describe what information they might like to use the MHR for, themes surrounding discharge summaries from private hospitals, immunisation history and transfer summaries where described.

- Interviewees were interested to get more information and reported the need for training and support when the time comes to implement and embed the MHR as a digital tool in their RACH.

Do you currently use the My Health Record?

Yes, we are currently using the My Health Record, 5%

No, we are not registered, 95%

80% of interviewees indicated that they require registration support
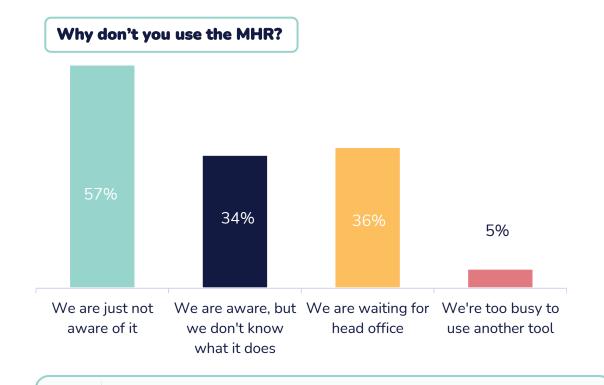
24

enkindle

FINDINGS

- Barriers to using My Health Record mostly revolved around a lack of awareness of its purpose, a lack of time to learn a new digital tool, and a lack of understanding of its privacy policies.
- Interviewees were asked open ended questions surrounding the use of MHR and how the information could be improved. Due to the lack of awareness and use of the digital health tool, the most common response consisted of not even knowing what it did, and therefore, they couldn't answer how it could be improved.
- Decision on the timing and priority for the registration of MHR is managed through corporate office of RACHs, not at a RACH level.
- However, for those who had an awareness of the tool, themes surrounding the following were included:

Transparency; A comprehensive overview of the resident in general; Advanced Care Plans; Vaccinations; Medication charts; Chronic health information; Transparency of the level of care the resident requires; Statement of Choice

- Registration was also a barrier to the tool's uptake. A negative experience trying to register influenced the perception of the tool's accessibility and ease of use in general.
- Nurses told us of their attempts to register and how they had been unsuccessful. Further to this, RNs from a non-English-speaking background with non-English names and an English name find it particularly challenging to register. Similar feedback also from those who have changed details, e.g., a surname change once married.

RACHs that have experienced registration issues include:
- Southern Cross Care Edens Landing
- Arcare Eight Mile Plains
- Regis Greenbank
- Bethania Gardens
- Tricare Upper Mt Gravatt
- St Lukes Green Australian Unity
- Tricare Mt Gravatt
- Sylvan Woods Aged Care

Why don't you use the MHR?

We are just not aware of it	We are aware, but we don't know what it does	We are waiting for head office	We're too busy to use another tool
57%	34%	36%	5%

> **We're not currently using the My Health Record, so we are unaware of the capability.**
>
> It took me **18 months to get access** – Just because I had a change in surname!
>
> Yes, we require support! We just can't get registered due to the **name issues when registering** and verifying identification.

The 'use case' for MHR in RACHs

The 'use case' is a pivotal factor in supporting the successful implementation of the MHR by RACHs. This use case needs to extend past accessing immunization records. At the time of this report, identifying this 'use case' remains difficult and we feel there are three areas that need further attention to help our RACHs see the benefit in adding another digital health tool to their clinical practice.

First and foremost, the information in the MHR needs to be current, this would require things like discharge summaries and test results to be made available in real time. The other challenge around the currency of the records is also the completeness, as not all health practitioners are utilising MHR, it is not a complete record of the resident.

Secondly, RACHs are not required to use such tools; even with proposed legislative changes, we can not see any mandated requirement for RACHs to utilise a 'nationally agreed digital health and aged care record.' The only reference we can see is in the draft strengthened standards, where the words 'working towards' are used.

Thirdly, there is no financial incentive, as there has been with other digital tools such as the eNRMC. Therefore, the cost of implementing and embedding MHR into practice would involve ITC resourcing, governance, and staff training. This may also impact RACHs, making the MHR a priority.

Yet, with the imminent availability of the aged care transfer summary, a promising use case may be around the corner. The challenge will be to effectively demonstrate the benefits to the RACF by adopting and supporting the technology.

RECOMMENDATIONS FOR THE PHN

- Focus on supporting the RACHs that indicated in their engagement that they are interested and would like support.

- Engage with the MHR support team within the Australian Digital Health Agency and share feedback to see if anything can be done to address the issues encountered around names during registration.

- In the lead-up to the transfer summary releases, promote and encourage education, training modules, and support for all RACH staff on the use and benefits of My Health Record.

- BSPHN to engage with the corporate offices of RACHs to coordinate the implementation of MHR for the RACHs in the BSPHN region.

- Consider whether the PHN can support the RACHs in embedding training on using the My Health Record. Such as in orientation and ensuring regular training sessions are conducted to keep staff updated with new functionalities as they evolve.

- Include updates and new functionalities of the My Health Record in the BSPHN newsletter and share resources with facilities linking them to recently published checklists, training, or toolkits.

- Work across the region to develop resident journey maps to demonstrate the use cases for using the My Health Record across the health and aged care sectors.

- Design and develop an evaluation method to gather feedback on the registrations and use of My Health Record in RACHs. This will report on RACHs who are currently not using My Health Record and also provide an opportunity to ensure the tool is meeting the RACHs' needs.

- Engage with other health stakeholders, including acute and primary healthcare, agencies and nursing associations, to promote the use of My Health Record to build a more comprehensive and current resident view for better resident care outcomes.
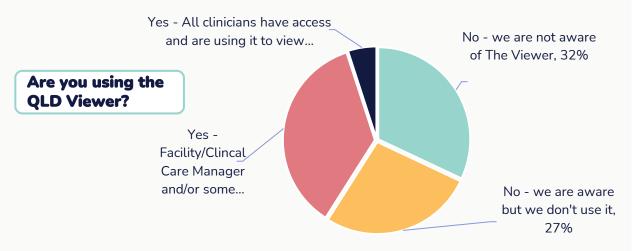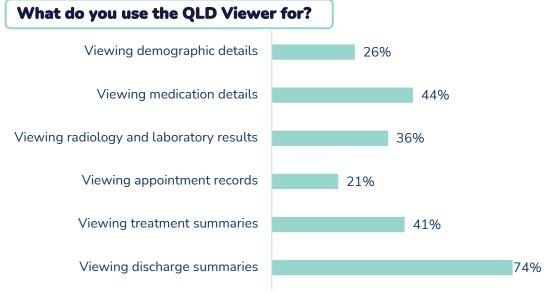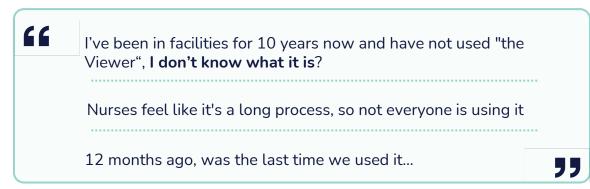
enk**i**ndle

FINDINGS

Interviewees were also asked open-ended questions surrounding the use of the QLD Viewer and how the information could be improved.

- 59% of RACHs (44) **do not** currently have access to the QLD Viewer.

- Some RACHs were using it to access their discharge summaries for residents, and eight said they were using it to view records.

- Barriers to using the QLD Viewer included, 1) no private hospital information included, 2) a lack of training on using the QLD Viewer 3) difficulty in registering and 4) RACH manager has access and downloads summaries on behalf of RNs, reducing the urgency for individual RNs to register and use.

- Two larger providers indicated that they would need to understand the use case for QLD Viewer and where this fits with the MHR implementations. They indicated that as they are 'national', they would be looking for tools that can be used and supported at a national level.

- Again, as with MHR, medium and larger RACHs expect this type of tool to be initiated at the head office. Some RACHs indicated that if the instruction and support come through head office, they will implement it.

Are you using the QLD Viewer?

Yes - All clinicians have access and are using it to view...

No - we are not aware of The Viewer, 32%

Yes - Facility/Clincal Care Manager and/or some...

No - we are aware but we don't use it, 27%

What do you use the QLD Viewer for?

Viewing demographic details — 26%

Viewing medication details — 44%

Viewing radiology and laboratory results — 36%

Viewing appointment records — 21%

Viewing treatment summaries — 41%

Viewing discharge summaries — 74%

- Open-ended questions were asked about the use or lack thereof of the QLD Viewer whereby those who were using it and confident thought the tool was very useful and saved time when inquiring after their resident.

- For those who were not using the tool, and the tool was discussed in the interviews, there was keen interest (RACHs on the following slide) in getting support to register and use it.

> I've been in facilities for 10 years now and have not used "the Viewer", **I don't know what it is**?
>
> Nurses feel like it's a long process, so not everyone is using it
>
> 12 months ago, was the last time we used it...

enkindle

FINDINGS

Facilities who expressed interest in learning more about the QLD Viewer included:

- Infin8 Care Cleveland
- Janoah Gardens
- The Plains
- Bethania Haven Aged Care Facility
- Jimbulunga
- Infin8 Care Cornubia
- Forest Lake Lodge
- Sinnamon Village - Kentish Court*
- Ozcare Bakhita
- Bethesda Caring
- Arcare Logan Reserve
- Regis Greenbank
- CoC Clive Burdeu
- Tricare Sunnybank
- Algester Lodge
- Whiddon
- Anglicare SQ Edwin Marsden Tooth Memorial Home for Aged
- Blue Care Carina
- Opal Bethania Parklands
- Bolton Clarke Moreton Shores
- St Vincents (Kangaroo Point)
- Tricare Upper Mt Gravatt
- St Lukes Green Australian Unity*

- Carinty Wishart Gardens
- Tricare Mt Gravatt
- Sinnamon Village - Knowles Court*
- Sinnamon Village - Nash Court*
- Sinnamon Village - Dovetree Court*
- Sinnamon Village - Jacobs Court*
- Sinnamon Village - Reid Court*
- Care at Pine Lodge
- Southern Cross Care Stretton Gardens
- Arcare Parkinson
- Nazareth Residential Aged Care
- Nareeba Moopi Mope Pa North Stradbroke Island Aboriginal & Islanders Housing Co-operative Society Ltd
- Blue Care Alexandra Hills Nandeebie Aged Care Facility
- Blue Care Wynnum
- Oxley Grove Care Community
- Southern Cross Care Holland Park - Duhig Village
- St Vincents Care Carina
- Georgina Margaret Davidson-Thompson Hostel

When asked to describe the kind of registration support, they required, themes surrounding webinars, online modules and face-to-face support were described.

*indicates RACH has tried to register but has had trouble accessing.

"

We are aware but we don't know enough about it - I did try and register but could not get in

CARE-PACT has spoken about it, but we have not had further instructions, or we have oversighted. We would love this!
At least our clinical management team to start with!

We don't have the information, we would like support!

We are aware but we don't use it. We haven't investigated or explored it yet.

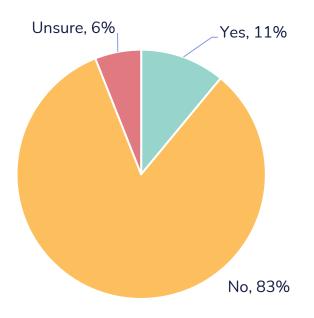No, same issues around names and being able to register as the My Health Record, it's too hard!

This would be very valuable. Even if it's just public hospitals, as we can have trouble with finding out about investigations, test results, Allied health reviews, post hospital care needs.

"

Do your clinical staff know the difference between MHR and the Viewer?

Pie chart:
- Unsure, 6%
- Yes, 11%
- No, 83%

> No, we have issues around names and being able to register, its too hard. **We need a change in culture around using these tools** - Nurses always think 'my manager will do this for me'. We need to understand the benefits,. How can they help us, is using them mandatory? We need actual help to sign up.
>
> We don't use either the Viewer or My Health Record.

RECOMMENDATIONS FOR THE PHN:

The following recommendations are for the PHN to discuss further with CARE-PACT.

- BSPHN to work with CARE-PACT to facilitate awareness on the use of the QLD Viewer by RACHs. Particularly, in the interim period whilst the use case for the MHR is made. Address any RACH privacy concerns, as well as highlight the benefits to the RACH and to the resident.

- BSPHN to work with CARE-PACT to provide training sessions for RACH staff that supports them in registering and using the QLD Viewer.

- During the initial implementation stages, follow up any training with an informal virtual 'drop-in session', where staff having trouble accessing or want support can drop into a virtual room each week and ask questions and resolve access/ registration issues.

- Utilise your newsletter to keep RACH staff updated on any QLD Viewer changes and opportunities to join training that keeps existing staff up to date with new functionalities as it evolves.

- Engage with the QLD Viewer support team to assist with communicating and deploying the various resources and detailed factsheets that are found on the Better Connecting Queensland website.

- Work across the region to develop resident journey maps to demonstrate the use cases for using the QLD Viewer across the health and aged care sectors.

- Design and develop an evaluation method to gather feedback on the registrations and use of the QLD Viewer in RACHs. This will report on RACHs that are currently not using the QLD Viewer and provide an opportunity to ensure the tool is meeting their needs.

- Follow up on RNs who may have registered but are not actively logging in.
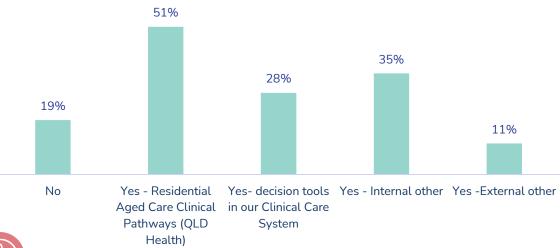
Clinical pathways aim to standardise care, improve outcomes, and optimise resources by streamlining processes. They are particularly important in aged care given the current workforce shortages, the use of agency staff, student nurses and new graduates. They can be embedded within the RACH's CMS (built-in workflow), digital forms or paper-based documented workflows, policies and processes. QLD Health has developed several clinical pathways for RACHs to utilise in the clinical care of their residents; these can be accessed here.

FINDINGS

Our findings are:

- 81% of RACHs are using some form of clinical pathway.
- Many RACHs are using the QLD Health Residential Aged Care Clinical Pathways, but they also report using their own pathways in SharePoint on their laptops.
- 51% of RACHs used the clinical pathways provided by CARE-PACT.
- Only 28% of RACHs reported that their clinical pathways were embedded in their CMS or digital workflow software. However, many reported using paper-based clinical pathways.
- When asked to describe clinical pathways, facilities were also referred back to printed PDF copies of policies and procedures. Often printed and located in a folder in the nurse's station.
- Clinical pathways (printed or digital) were often reported to impact the night shift RNs' confidence positively.
- 71% reported that 80% of nurses or above were using digital tools.
- 17% reported that nurses were not using any clinical pathways.
- CARE-PACT's education sessions surrounding clinical pathways were highly regarded and seen as a great source of education. RACHs reported that they would like further support and face-to-face training with CARE-PACT.
- Some nurses interviewed said it was unlikely they would access a clinical pathway digitally; at the moment they used what was printed in the nurse's station and called CARE-PACT.

Do you currently use any online or computer decision support to decide on the best clinical care for residents?
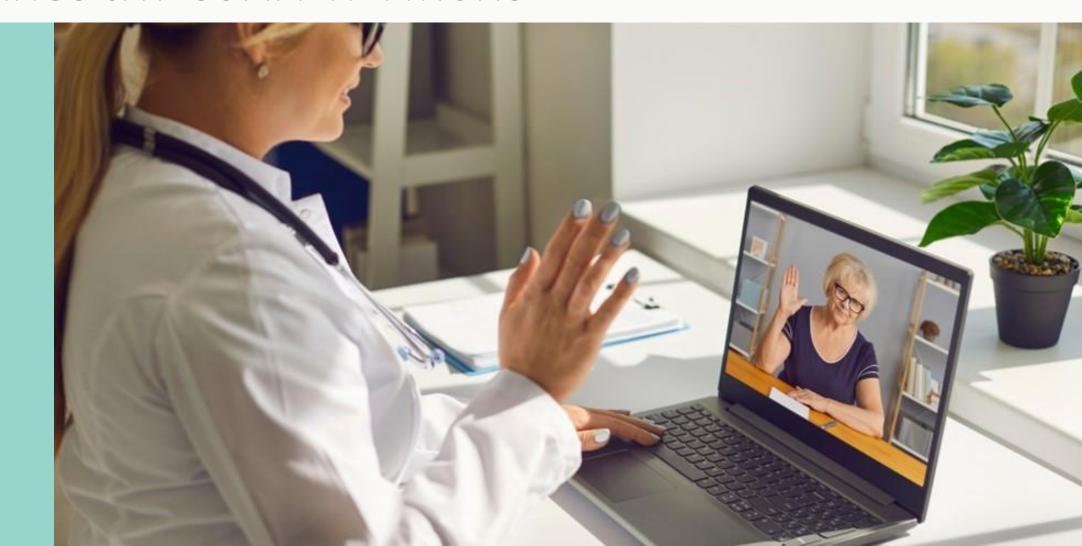
Category	Value
No	19%
Yes - Residential Aged Care Clinical Pathways (QLD Health)	51%
Yes- decision tools in our Clinical Care System	28%
Yes - Internal other	35%
Yes -External other	11%

RECOMMENDATIONS FOR THE PHN:

The following recommendations are for the PHN to discuss further with CARE-PACT.

- Consider the feasibility and sustainability of publishing and distributing a QLD Health's clinical pathway resource that can be stored at the nurses' station for ease of access, and periodic updates.
- Continue education when updates are made to clinical pathways - extend an invitation to clinical governance teams to ensure updates are reflected in providers' pathways, policies, and procedures.
- Consider how you can engage new and agency nurses to understand and access the QLD health clinical pathways.

2.4 TELEHEALTH

KEY FINDINGS & RECOMMENDATIONS

enkindle

enkindle
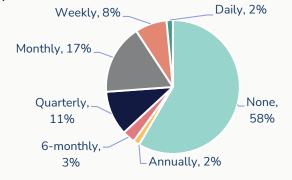
Integrating telehealth into the care delivery model of residential aged care homes offers numerous benefits that significantly enhance the quality and accessibility of care for residents. Telehealth enables timely access to healthcare services, reducing the need for disruptive and often stressful hospital visits. It facilitates better coordination and continuity of care by allowing healthcare providers to remotely monitor residents' health, manage chronic conditions, and provide prompt consultations. This technology also empowers residents by providing them with more immediate and convenient access to specialist care, improving overall health outcomes and quality of life. Additionally, telehealth helps optimise the use of healthcare resources, reducing costs and improving efficiency within the aged care system.

The Primary Health Networks around Australia have been working alongside RACHs to improve their telehealth capability for the past two-years and continue to invest in supporting this capability.
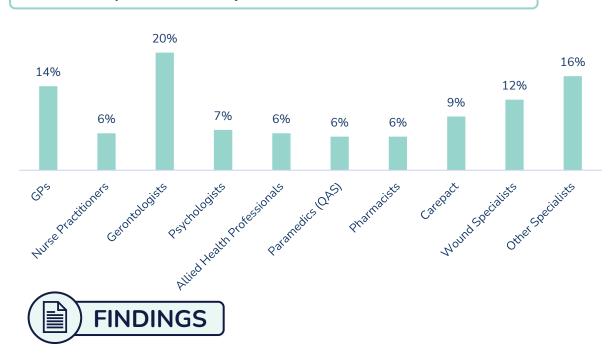
**How frequent are planned video telehealth consultations occurring at your RACH?**

Weekly, 8%
Daily, 2%
Monthly, 17%
Quarterly, 11%
6-monthly, 3%
Annually, 2%
None, 58%

FINDINGS

- 58% of RACHs do not have scheduled or planned video telehealth consultations.
- 42% of RACHs are conducting scheduled telehealth; however, this is not frequent and usually only for one or two of their residents, not the wider resident cohort.
- Many RACHs reported that since COVID, only ad-hoc telehealth was being utilised.
- Primarily, Clinical Care Managers and Registered Nurses support the coordination and consultation of telehealth bookings.
- It was mentioned by some facilities, that one of the barriers to adoption is that the residents prefer 'face to face'.
- Most telehealth is conducted at the bedside.

What health practitioners do you conduct video telehealth with?

GPs 14%
Nurse Practitioners 6%
Gerontologists 20%
Psychologists 7%
Allied Health Professionals 6%
Paramedics (QAS) 6%
Pharmacists 6%
Carepact 9%
Wound Specialists 12%
Other Specialists 16%

FINDINGS
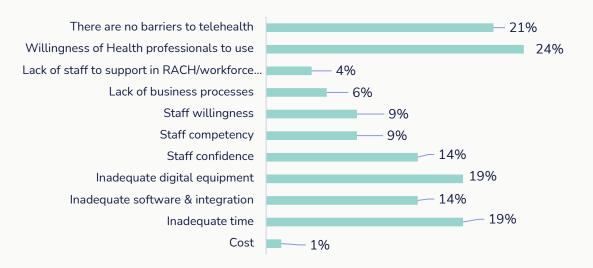
- The most significant barrier is the willingness of health practitioners to use telehealth. 27 RACHs advised that no telehealth had been requested by a health practitioner in the previous month, and a further 21 RACHs have had fewer than two requests.

- Specialists and Geriatrician appointments were the most common telehealth appointments

- Although a few outpatient appointments were conducted via telehealth, this was not standard practice. In all cases where a resident must return to a hospital or specialist for an outpatient visit, an ambulance, family member, or paid carer is needed to assist.

enkindle

What are some of the barriers to increasing the use of telehealth your RACH?

There are no barriers to telehealth — 21%
Willingness of Health professionals to use — 24%
Lack of staff to support in RACH/workforce... — 4%
Lack of business processes — 6%
Staff willingness — 9%
Staff competency — 9%
Staff confidence — 14%
Inadequate digital equipment — 19%
Inadequate software & integration — 14%
Inadequate time — 19%
Cost — 1%

FINDINGS

- When asked if further support was required to embed telehealth in the RACH, 67% of interviewees declined. Managers reported that Microsoft Teams is regularly used within their organisation, and staff were competent. However, they did report that if a new platform were to be introduced, then support would be required.

- Other barriers also include the health care provider-led telehealth model whereby links to the session were missing or not working, leading to a negative experience when using telehealth.

> " If using telehealth outside Access Aged Care we will need support to set up, a platform and training.
>
> We prefer physical appointments - and we're just not being asked as often to do telehealth. "

RECOMMENDATIONS FOR THE PHN:

- BSPHN could actively support RACHs in promoting their new or strengthened telehealth capability of facilities (once established) with GPs, health professionals, and hospital services.

- Partner with HHS telehealth units, outpatients, and hospital in-reach programs to promote virtual video consultations across the hospital and health services.

- BSPHN to showcase best practice telehealth programs and examples through case studies. Engage with the RACH and health practitioner to share learnings.

- Assist RACHs in communicating and engaging with general practitioners (GPs) and other health professionals to familiarise them with telehealth technologies and best practices, addressing concerns or misconceptions related to telehealth.

- Assist facilities with strategies to communicate and engage with residents and their families In promoting telehealth's benefits, including improved access to care.

enkindle

FINDINGS

Our finding indicated that:

- 100% of RACHs indicated they did not have a standard/dedicated telehealth platform (software) for virtual consultations.

- The video platforms predominately being used for telehealth initiated by the RACH:

  o Microsoft Teams (most used); Facetime; Zoom

- The video platforms reported being used by health practitioners include:

  o QLD Health Telehealth platform; Zoom; Microsoft Teams; Access Aged Care Portal; Healthdirect

The concern with using video platforms such as Teams and Zoom is that they are often not secure, and there is a risk of leaving a digital footprint. Additionally, these platforms need to be set up for waiting room management.

- The absence of established business processes was identified as another barrier for RACHs to increasing their video telehealth usage, in addition to workforce training, software selection and set-up, and healthcare practitioner engagement.

- 63% or 43 RACHs do not have formalised telehealth business processes, with very few examples of equipment or devices being set up specifically for ease of telehealth usage.

- A mix of equipment is used for video telehealth tablets, and computers/laptops are used most frequently. Although the equipment was a barrier for some organisations, it was not always a 'lack of equipment. They sometimes referred to the age of the equipment and that the equipment was not set up.

- More training was requested if RACHs were to use the RACH-led model (where the RACH initiates the telehealth and utilises their own telehealth platform)

> " The clinical pathways never say telehealth might be suitable.
>
> We have business processes somewhere, but we don't refer to them. "

Among those interviewed, the primary identified need was training related to business processes. This highlights the importance of providing comprehensive training to staff members to enhance their understanding and proficiency in utilising digital health technologies within the context of established procedures.

RECOMMENDATIONS FOR THE PHN:

BSPHN to prioritise grant funds to support:

- The development of a digital health business process toolkit for RACHs.

- Training at least two digital health champions within each RACH service to assist to customise the toolkit for their RACH (e.g., work instructions on booking appointments and how to support appointments) and train clinical and administrative teams (if involved).

- The BSPHN to promote the new telehealth training modules that are available from the Aged Care Quality and Safety Commission training platform Alis here. Refer to Annexure B.

- BSPHN to promote healthdirect within the regions as a standard telehealth platform for GP and RACHs. Utilise the healthdirect funded initiative, whereby PHNs can set up RACHs with a virtual clinic free of charge.

- Partner with healthdirect and seek training support for the administrator of the virtual clinic as well as the clinical care manager and registered nurses.

- Consider offering support officers who can set up equipment and the healthdirect platforms, ensuring that busy nurses can access the telehealth tools quickly and easily. This includes receiving links to platforms used by health practitioners (i.e., QLD Health).

2.5 GENERAL PRACTICE

KEY FINDINGS & RECOMMENDATIONS

enkindle

FINDINGS

Access and adoption of digital systems by general practitioners and associated healthcare providers including Allied Health professionals, CARE-PACT and geriatricians, determined the use and acceptance of many of the key tools of digital empowerment in the RACHs.

Our findings indicated:

- 100% of services had visiting GPs.
- There were some concerns for some services surrounding GP's plans for retirement and succession planning (specifically in Beaudesert and more "rural" facilities).
- GPs were also given examples of refusing to use digital systems. RACHs reported that they had provided access, but the GP refused.
- It is noted that RACHs with good GP support and after-hours access had less appetite for telehealth. This was common in the BSPHN footprint where the facilities are well supported by GPs.
- Examples were provided where GPs were asking RACHs to update residents My Health Record details; however, the facility manager and registered nurses were unsure of why or what the My Health Record would be used for.
- The presence and attitudes of general practitioners in the area drives the uptake of certain systems or digital tools.
- Adoption and willingness to use digital systems such as the clinical management system, My Health Record, and telehealth was a major barrier throughout the region.

KEY OBSERVATION

Doctors are key stakeholders in the adoption and uptake of the digital clinical systems in the RACH. As described in the model on page 9, RACHs need someone to digitally engage with. Where there is a lack of motivation on one side of the model, the other party will also fail.

"

GPs aren't interested in aged care it is their last priority.

Our GP just doesn't use the CMS at all - patient notes get emailed the next day - it just gets fobbed off when we ask about using it.

There will be big problems in the next few years as our GPs are in the their 60's. We are worried – no new GPs are moving to the area, let alone into aged care. There is stigma surrounding aged care.

GPs will not use the CMS. Our CM has even offered to shadow the doctor writing in notes, or even write the notes for him and he has still refused!

Our biggest worry is when our GPs retire and finding a Dr who isn't just interested in the money.

There are too many platforms for them to use so they just refuse to use any. The nurse practitioner emails us, and we upload resident notes to the systems.

"

RECOMMENDATIONS FOR THE PHN:

- Promote, alongside the rollout of My Medicare in RACHs, good practice protocols for GPs on the active use of digital health in RACHs (e.g., Telehealth, remote access, and updates to RACH's CMS and eNRMC as well as the MHR) for better resident care outcomes.

36

enkindle

FINDINGS

- After hours support was generally conducted by Hello-Home Doctors (88%) or the 13 SICK service.
- The most common barriers to receiving after-hours support was timeliness. The after-hours doctors were also perceived to be either reluctant to treat the residents.
- When asked if the RACH was accessing medical deputising services after-hours, 100% of interviewees said no and were unaware of what this is.
- 51% of facilities reported that they can contact their GP after-hours, but this was dependent on the GP and the resident's situation. A text or email is the usual contact method.
- 33% of RACHs reported that their GP conducted telehealth after-hours. However, when questioning further, this was limited to phone conversations or emails.
- A barrier to after-hours telehealth is the capacity for RACHs to facilitate an effective telehealth consultation appointment due to the **availability** of clinical staff within a RACH.

AFTERHOURS FINDINGS

- The attitude of hospital staff and the Queensland Ambulance Service (QAS) were also stated as challenges. There was the perception that paramedics don't trust the judgements made by the RACH staff and, in some cases, the doctors.
- Some find the hours of the CARE-PACT limiting – advising that they need support after the GP clinics close. RACHs would rather call CARE-PACT than after-hours doctors.

Are there any barriers you can think of when receiving after-hours care?

" Paramedics are not trusting our clinical decisions of staff that are onsite. It can be very frustrating and demeaning as experienced registered nurses.

Delay in the after-hours service which generally results in clients going to hospital.

There was one GP at Hello Home, and he had cultural restrictions, only seeing male residents, so when he was on call, the female residents needed to be sent to the hospital.

Sometimes the after-hours doctor will not physically see the resident - only see the nurses. "

Do your GPs currently take after-hours calls or provide an after-hours service?

" The one GP is notified and will respond via text but doesn't come onsite

Some Drs may come in after-hours. Text or email is the usual contact method "

RECOMMENDATIONS FOR THE PHN:

- Advocate for the extension of operating hours of CARE-PACT to increase coverage, approximately 7.30am–8.00 pm, 7 days per week. As well as the utilisation of video telehealth where appropriate with the aim of improving capacity of service, by reducing travel time.
- BSPHN to continue to support the development of alternative after-hours GP solution to reduce reliance on the one primary afterhours GP service (Hello Home Doctor Service) in the region.

37

2.6 HOSPITAL AND HEALTH SERVICES

KEY FINDINGS & RECOMMENDATIONS

enkindle

enkindle

FINDINGS

Hospitals are one of the primary stakeholders in aged care and often RACHs and hospitals often work closely to ensure their residents' wellbeing.

Key aspects such as family involvement, continuity of care and chronic disease management are supported by both RACHs and hospitals in a collaborative effort.

When the RACHs were interviewed about hospital admissions, resident stays, and the discharge process, negative connotations often surrounded the relationships and dynamics of the hospital and the RACHs.

Qualitative analysis of the interviews undertaken described themes including:

- A negative power dynamic. RACHs reported a lack of collaboration between the hospitals and the facilities. RACHs felt they were being treated as inferior to the hospital.

- RACHs described that the private hospitals did not treat them as care facilities, with healthcare practitioners looking after residents' health outcomes. Therefore, they will not discuss residents' healthcare with the RACH.

- There is often a lack of communication between the hospital and the RACH. Many RACHs reported that residents had been left outside the RACH with no prior discharge warning to the facility. Further, there were multiple reports whereby RACHs reported they weren't even being told when a resident passed away.

> **"** *The hospital thinks they are the boss!* **"**

enkindle

FINDINGS
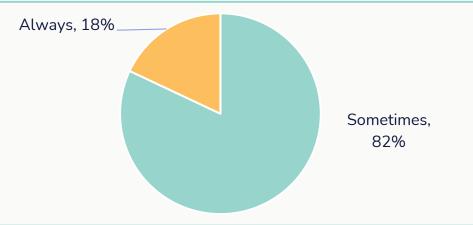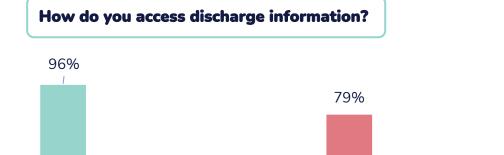
When describing the discharge process, RACHs often reported that this process would depend on the hospital and whether or not it was public or privately owned. With the private hospitals there was a consensus that it was very hard to get a discharge summary on time let alone a comprehensive account of what had happened. RACHs often had to rely on family members for updates, or the GP.

When a resident is transferred from the hospital, how often is information available about what happened to the resident while in hospital?

Always, 18%

Sometimes, 82%

"
Private hospitals don't send discharge papers at all!
Not even proper medication charts.

They sometimes just send a short letter, that tells us very little about what just happened in hospital.
"

How do you access discharge information?

Category	Percentage
Via discharge papers	96%
The Viewer	36%
My Health Record	1%
Contact the hospital	79%
Contact the GP	5%
CARE-PACT emails	50%

Typically, RACHs are reliant on discharge papers that are returned with the resident. When these are not returned, contacting the hospital is the next option particularly for those who do not have access to the QLD Viewer.
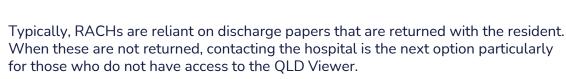
- Some facilities mentioned that Logan Hospital has initiated virtual discharge sessions with doctors or nurses, which are highly regarded by the RACHs receiving residents.

- CARE-PACT is also heavily relied upon in the public hospital system by the RACHs to understand the care plan and updates for the resident.

- RACHs reported that there is a disconnect between the hospital and the facility, and they feel they are not seen as care providers in the same way.

- Private hospitals were also challenging for RACHs as information is not uploaded to the QLD Viewer.

enkindle

FINDINGS

When discussing hospital discharge processes, open-ended questions were asked about what information, or processes would make their job easier and improve residents' health outcomes.

Common themes surrounding the following areas were described:

- Depending on the hospital, whether public or private, there is major variation in both the discharge summary size and whether or not one is either supplied.

- CARE-PACT emails are relied upon by RACHs who have residents being discharged from public hospitals for a discharge report.

- Private hospitals were reported as only sometimes providing a discharge summary and also RACHs advised that there was not sufficient information within the summaries from private hospitals.

- A plan for the "what's next". A schedule or plan is required for the RACHs. Facilities reported that residents often missed appointments as the facilities weren't being told or notified that they had outpatient appointments. This was also a barrier to telehealth as telehealth appointments weren't being communicated to the RACH, and the RN is often unaware that an appointment had been made.

- A mixed response was found regarding the detail. Some facilities reported that sometimes the discharge summaries can be too data-heavy and contain information that the RACHs don't need, while other facilities said there was "not enough" information.

> " If we know what occurred, we can make better post hospital care plans & decisions.
>
> A letter with three lines after a resident has been in hospital for 10 days is not enough information "

What information do you need upon discharge from the hospital that would make your job easier?

> " When we do get the summaries, we don't want to see 10 pages of blood results. We'd like an aged care summary - we're working towards more person-centred care and shy away from clinical focus
>
> We need a plan to follow!
>
> A summary of what has been done and to make sure it's done every time! There needs to be a systematic way of writing the discharge summary.
>
> Diagnosis, what they were treated for and what needs to be followed up. History and trends would be very beneficial. "
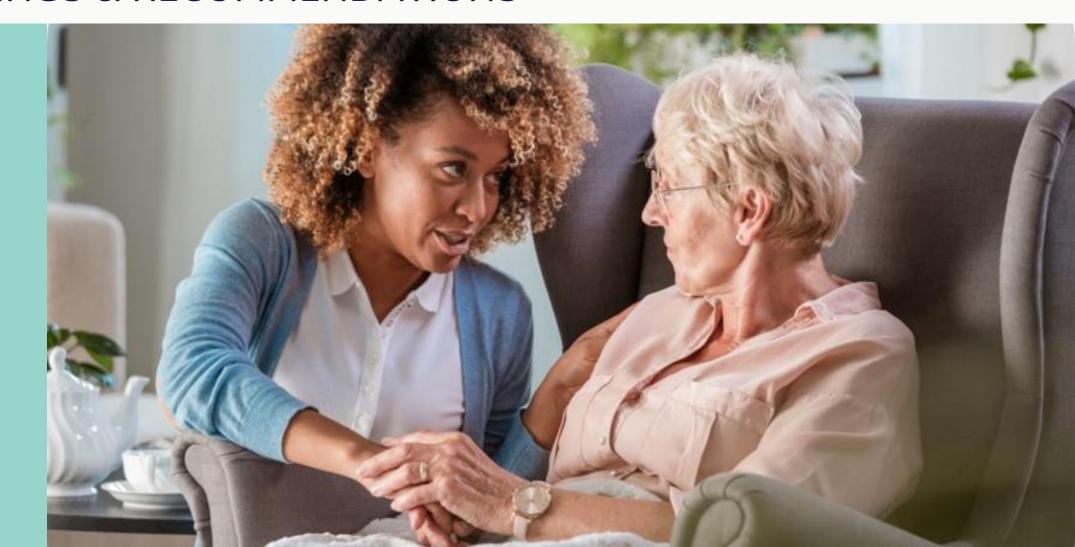
RECOMMENDATIONS FOR THE PHN:

- Undertake consultation sessions with facilities in the BSPHN footprint as to what they may require within an aged care discharge summary.
- Facilitate Private Hospital and RACH engagement that aims for better resident outcomes through :
  - Improved communication between the two parties.
  - An improved hospital discharge processes and discharge summary.
  - An improved understanding of the role and responsibility of the RACH and their clinical staff in the clinical care of their residents.
- Partner with HHS telehealth units, outpatients, and hospital in-reach programs to promote virtual video consultations across the hospital and health services.

2.7 CARE-PACT

KEY FINDINGS & RECOMMENDATIONS

enkindle

enkindle

FINDINGS

A key stakeholder in the quality of care and health outcomes for the RACH residents, CARE-PACT was a continuous service that was positively mentioned in the RACHs.
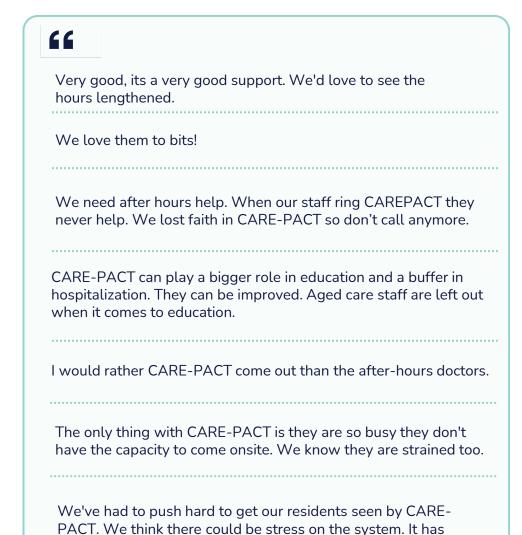
Our findings indicated:

- Of 81 RACHs interviewed, 93% reported that CARE PACTS visited onsite.
- Six RACHs reported that CARE-PACT had not been onsite within the last three months.
- Emails from CARE-PACT regarding residents were relied upon for discharge information.
- When interviewing facilities, the most common piece of feedback surrounding the service was the request to extend the hours. RACHs believed that increased access to CARE-PACT would have a significant effect on the health outcomes of their residents and also improve reducing avoidable hospital admissions, which is an indicator the RACH monitors, boosting the confidence of the staff.
- Further, more face-to-face training and education sessions delivered by CARE-PACT were also requested. Education sessions and visits by CARE-PACT were highly regarded and were often reported as engaging and helpful particularly for new graduates.
- Overall, the support and relationship with CAREPACT was seen as valued and important to RACHs.

RECOMMENDATIONS FOR THE PHN:

- Engage CARE-PACT on any future resident journey mapping activities.
- Partner with CARE-PACT to engage with aged care relevant stakeholders such as the various staffing agencies contracted to work at the RACHs.
- Consider the opportunity to share current contact details between CARE-PACT and the BSHPHN for the RACHs. CARE-PACT is in very regular contact with the clinical managers and staff at each site.
- Collaborate to conduct aged care specific morning teas/breakfasts.

"

Very good, its a very good support. We'd love to see the hours lengthened.

We love them to bits!

We need after hours help. When our staff ring CAREPACT they never help. We lost faith in CARE-PACT so don't call anymore.

CARE-PACT can play a bigger role in education and a buffer in hospitalization. They can be improved. Aged care staff are left out when it comes to education.

I would rather CARE-PACT come out than the after-hours doctors.

The only thing with CARE-PACT is they are so busy they don't have the capacity to come onsite. We know they are strained too.

We've had to push hard to get our residents seen by CARE-PACT. We think there could be stress on the system. It has been very distressing when we have to push back.

"

enkindle

FINDINGS

There is a proposal to develop an "instant messaging" service with the hospital to get updates and expected discharge on your resident whilst they are in hospital - would this be helpful to your staff?

When interviewing RACHs on their thoughts and opinions surrounding an instant messaging service with the hospital, 95% (*n = 70)* indicated that this would be helpful to their staff.

RACHs recalled frequent occasions when residents came back to the facility without warning from the hospital and at various times of the night. Managers reported that having a messaging system would decrease the lack of awareness surrounding their residents when they are in the hospital and increase transparency. If there was increased awareness, it would also affect staffing levels, resident experience, and health outcomes.

> "
> Residents have been left from a taxi out the front previously.
> If a resident passes away, the RACH doesn't get told.
>
> We would definitely like more updates – we have trust issues with the hospital! They say one thing and then it just won't happen. Sometimes residents come back in the middle of the night!
>
> Yes, that would be helpful - currently there is no heads up when a resident is discharging.
>
> Just updates while they are in the hospital - where they are at and when they might be getting discharged. Sometimes, they tell us they are going to be discharged and they're not or at sporadic times. "
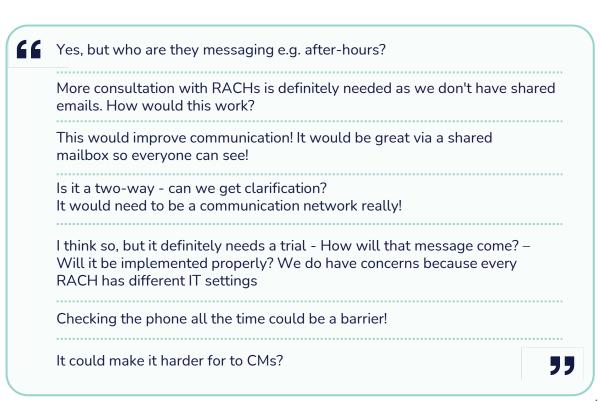
Even though most RACHs reported that an instant messaging service would be useful, hesitancies surrounded the responsibility of who would receive the message and whether the lines of communication would be two-way. RACHs reported that they would like more consultations and to be more involved with projects as they will be responsible for the delivery.

Further engagement around a solution is needed, as each RACH indicated that communication with the nurse in charge (on duty) would be different across the region.

> "
> Yes, but who are they messaging e.g. after-hours?
>
> More consultation with RACHs is definitely needed as we don't have shared emails. How would this work?
>
> This would improve communication! It would be great via a shared mailbox so everyone can see!
>
> Is it a two-way - can we get clarification?
> It would need to be a communication network really!
>
> I think so, but it definitely needs a trial - How will that message come? – Will it be implemented properly? We do have concerns because every RACH has different IT settings
>
> Checking the phone all the time could be a barrier!
>
> It could make it harder for to CMs? "

2.8 WORKFORCE

KEY FINDINGS & RECOMMENDATIONS

enkindle

enkindle

FINDINGS

RACHs face significant multi-faceted challenges, particularly demanding work conditions and a severe staff shortage, with heavy reliance on agency staff to fill workforce gaps.

In the BSPHN footprint, there are significant workforce challenges. Our interviews highlighted that:

- Finding qualified, skilled workers was still seen as the most significant workforce challenge in the aged care industry. However, this has shifted slightly in BSPHN's footprint, with personal care workers being the biggest workforce challenge.

- The economic status and national cost-of-living crisis are further impacting care staff, as there is a shortage of rentals or accommodation in some areas.

- A large number of care staff are hired from overseas to fill the workforce shortages and are therefore restricted to minimum working visa hours.

- The frequent use of agency staff to fill gaps in rosters.
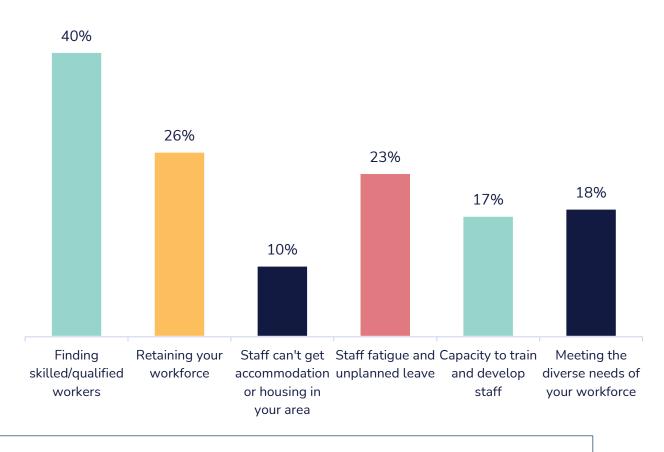
- Even though applicants hold Certificate III, there are gaps in practical skills and knowledge. 10% of RACHs reported gaps in practical skills in their employees.

- RACHs frequently lose their staff to the hospitals. RACHs train new graduates and then lose them as soon as a spot in the hospital becomes available. Hospital jobs are placed in higher regard and RACHs feel that new graduates don't value working in aged care. The Royal Commission and the media tarnishing aged care was often reported.

- The role overall in RACHs is seen as more emotionally draining, intense and riskier than hospital positions. RACHs report that new graduates didn't feel supported at RACHs, whereas in contrast, in the hospitals, they were supported by larger medical and nursing teams.

What do you find are some of your most significant workforce challenges?

Challenge	Percentage
Finding skilled/qualified workers	40%
Retaining your workforce	26%
Staff can't get accommodation or housing in your area	10%
Staff fatigue and unplanned leave	23%
Capacity to train and develop staff	17%
Meeting the diverse needs of your workforce	18%

KEY OBSERVATION
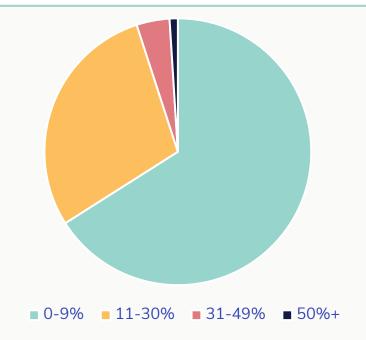
Where typically there has previously been a RN workforce shortage, in the BSPHN footprint there is now greater challenges in recruiting personal care workers. RN turnover is very steady and even reported as decreasing in some services due to the recent EA and change in pay.

enkindle

FINDINGS
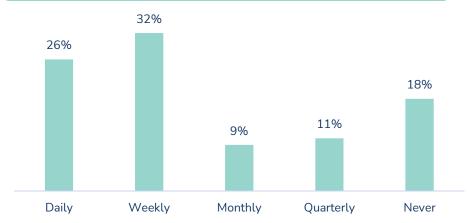
What would be your approximate turn over rate for RNs at your RAC (% last 12 months)?

- 0-9%
- 11-30%
- 31-49%
- 50%+

KEY OBSERVATION

According to the 2020 Aged Care Workforce Census, 35% of RNs left their positions which in comparison to the BSPHN footprint has dramatically improved. Overall turn over rate of all direct care staff was 29% in 2020 and therefore, BSPHN is experiencing better then average workforce retention.

How frequently does your RAC engage agency staff?

Daily	Weekly	Monthly	Quarterly	Never
26%	32%	9%	11%	18%

An effort to cut back the use of agency in the BSPHN footprint was acknowledged, however many facilities are still engaging with the service particularly due to staff fatigue and sick leave.

RECOMMENDATIONS FOR THE PHN:

- Facilitate a regional workforce strategy by engaging key stakeholders, including health, universities, RTOs, and aged care providers:
  - That promotes aged care as a professionally rewarding carer.
  - Considers strategic partnerships to pioneer innovative models, such as a blended workforce model between acute and residential settings (i.e. Where nurses/AINs work between the acute and aged care setting on a rotating roster).
  - Develop new graduate programs that also foster rotations between acute and the aged care setting.
- Showcase case studies of aged care employees, highlighting the positive experiences working in aged care that can be utilised across the region to promote aged care employment.

FINDINGS
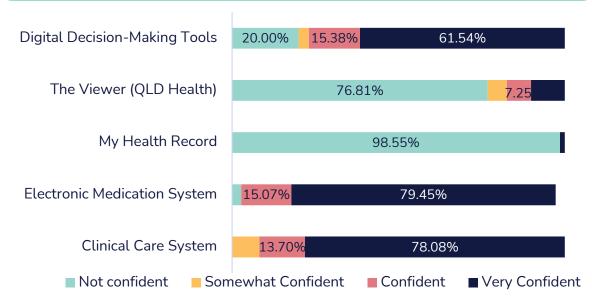
- 100% of RACHs do not include telehealth training in the clinical staff orientation process.

- Similarly, telehealth training is not regularly included in the annual training calendars.

- Many RACHs acknowledge that technology has become an integral part of their workforce's daily lives, both at work and outside, and commented that they felt digital literacy training was unnecessary.

- Others noted that some members of the aging workforce are not as confident utilising technology as their younger peers; however, they felt that the more exposure, the more confident they become.

- RACHs indicated that training staff in new telehealth business processes (once established) would be beneficial. Particularly if they were to employ the RACH led model.

- Staff competency and confidence was reported to be the biggest barrier to increasing the use of digital health software and technology at the facility. However, this was often followed by "if we were trained and made more aware than this would not be an issue."

- Another barrier to increasing health technology was the willingness of health professionals to use it. This was also previously mentioned when using the CMS and other digital tools.

- **100% of staff are not trained to use the My Health Record and 11% of staff are trained to use the QLD Viewer at their organisation.**

Australian Governments Department of Health and Aged Care
Aged Care Data and Digital Strategy 2024-2029
Outcome 2 | *Aged care workers, service providers and health professionals are digitally empowered to provide higher quality and better-connected care.*

Please rate the confidence of staff (on average) using clinical software and digital health tools?

Tool	Not confident	Somewhat Confident	Confident	Very Confident
Digital Decision-Making Tools	20.00%		15.38%	61.54%
The Viewer (QLD Health)	76.81%		7.25	
My Health Record	98.55%			
Electronic Medication System	15.07%			79.45%
Clinical Care System		13.70%		78.08%

Legend: ■ Not confident ■ Somewhat Confident ■ Confident ■ Very Confident

---

RECOMMENDATIONS FOR THE PHN:

- When facilitating training activities consider the recommendations on page 49, that detail feedback from the RACH on preferred training methods, but also provide a sustainable approach to training.

- Working with RACHs to identify and train 2-3 x digital health champions for each RACH whose role is to actively support and mentor staff within the RACH, as well as new and agency staff to build capability and confidence to utilise digital health tools, and undertake telehealth consultations.

Throughout the interviews, RACHs were asked what training styles or modes suited their needs when upskilling or training staff when implementing a new tool or policy. Currently, RACHs utilise methods such as checklists, online videos, buddy shifts, procedures and guidelines, however, RACHs also reported the effectiveness of webinars, recordings, online modules and in particular face to face sessions. Face to face sessions were high regarded although barriers to this mode of training included taking nurses of the floor, which is particularly challenging when RACH have staff shortages.

To address the challenges associated with face-to-face training, we suggest a blended approach that combines various training methods to ensure a sustainable and flexible training model. This approach takes into consideration the workforce challenges and the need to have staff available on the floor while receiving training.

> "
>
> Training is hard online! We want more face-to-face training.
>
> ....
>
> Webinars, F2F support, online training and procedures will help!
>
> ....
>
> Communication and advice on the benefits on what we are being trained on… We want training and then ongoing access to training resources.
>
> "

Face to Face or Webinar

This was the favored delivery method for RACH staff. Face to face allows networking and a safe environment to practice, whereby the webinars, allow you to reach a larger audience across the geographical region at once. The idea is that these are live and interactive sessions, that allow participants to engage with trainers, ask questions, and receive real-time guidance.

Train the Trainer

To ensure the sustainability of the training provided through live webinars or face-to-face sessions, we recommend adopting a 'Train the Trainer' model. This involves identifying champions at the RACHs who will provide ongoing training and support to their team. Typically, these champions are then equipped with training materials and can then deliver ongoing training to new staff and agency personnel, ensuring that knowledge transfer is continuous and readily available.

Self-directed
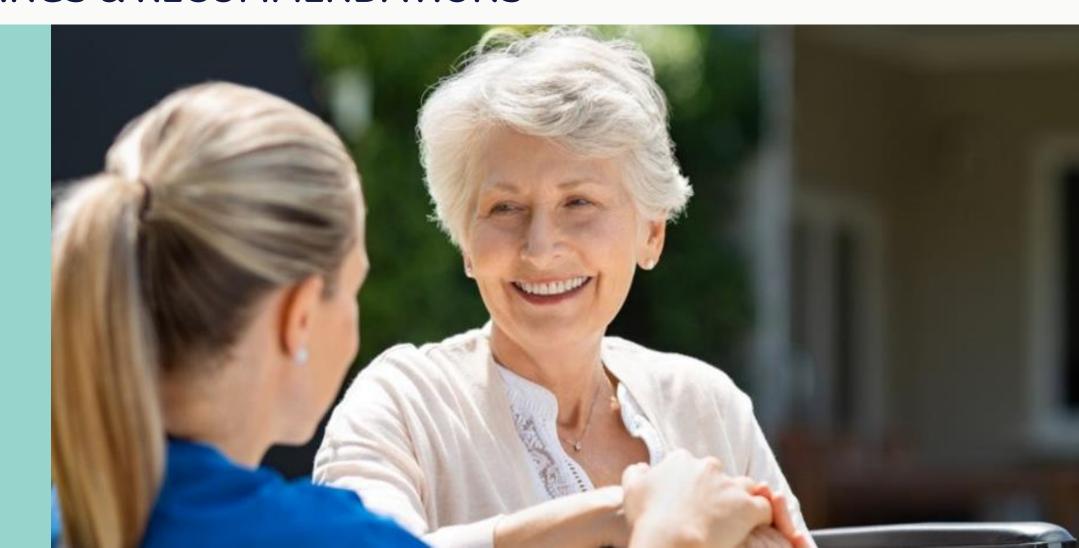
We recommend utilising self-directed online learning models for training that do not require contextualisation to the specific service. It allows flexibility for staff to complete before or after a shift, or at a time that suits them. Telehealth training has recently been developed and launched by the consortium of PHNs, led by the West Victorian PHN. This includes approximately 60 self-directed learning modules. These modules are split into two target audiences:

1 Residential Aged Care Homes staff

2. Remote end clinicians

Refer to Appendix E for details on accessing the modules as well as a list of topics.

2.9 BSPHN ENGAGEMENT

KEY FINDINGS & RECOMMENDATIONS

enkindle

BSPHN ENGAGEMENT

FINDINGS

Engagement or sentient of the BSPHN was not a primary question of the project, however, the engagement and trust in the relationship between facilities and the BSPHN will be an underlying critical factor when developing support systems delivered by the BSPHN.

Upon initial engagement the majority of contact emails for the facilities provided by the BSPHN were out of date and inactive (60%, n = 56). Contact was then driven by cold calling of the facilities to inform them of the project and to ask for times to meet and conduct the interviews.

Conversations were often initiated with an explanation of the PHN and what they deliver in the area. It became evident that the RACHs were unaware as to the role of the PHN in their area surrounding aged care and how the PHN could support them.

Due to out-of-date contact details, the majority of the RACHs had not attended the introductory breakfast where the project was discussed or had not received the emails sent by the PHN. Where BSPHN Primary Health Matters newsletters/emails are being received, nurses reported that they didn't have time to unpack and read them and were often not relevant to aged care, and therefore, dismissed.

One infection control officer interviewed reported that she had been engaged by the PHN when she had first started in primary health and had been supported in her role. However, since transitioning to aged care she had not felt as though she had the same support. She reported that she would love to have more engagement from the PHN and would like to see that same support for new graduates in primary health extended to those in aged care. She also reflected that this would increase retention in the workplace where new graduates were feeling unsupported.

> " We don't receive any communications from the PHN? We're not quite sure how they even work in aged care or how they can support us? "
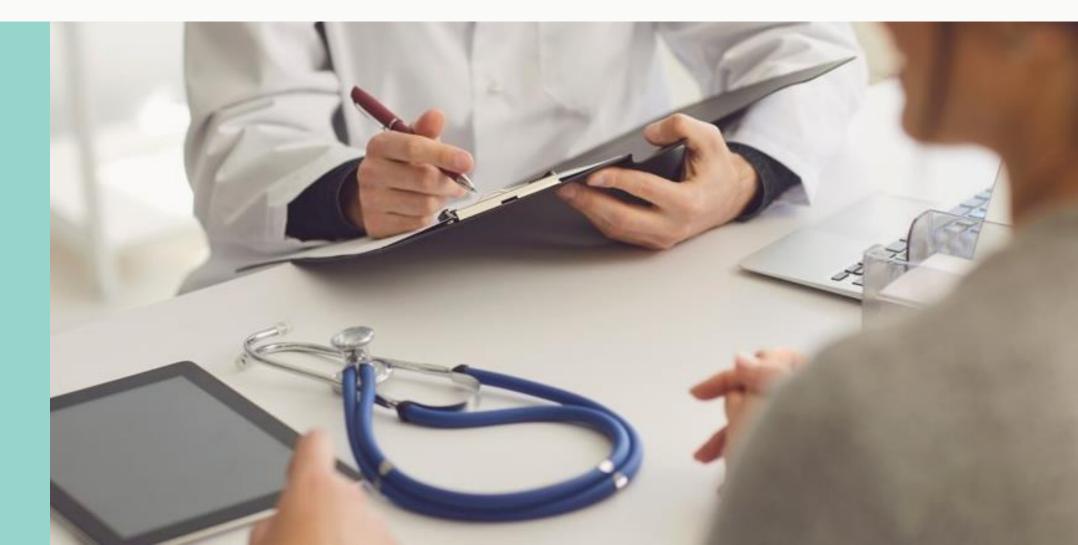
RECOMMENDATIONS

- Develop an aged care specific newsletter or section of the Primary Health Matters to inform aged care stakeholders. Develop case studies to promote and recognise well performing RACHs in the footprint and showcase these in the newsletter.

- Engage with aged care relevant stakeholders such as the nursing agencies contracted to work at the RACHs.

- Collaborate with CARE-PACT, to actively manage RACH contact lists (e.g. monitor email bounce backs and follow-up, and annual audit through direct phone and email contact).

- BSPHN to develop a resource or guide that explains the role of the BSPHN in aged care and how they can support RACHs.

- Consider implementing ongoing evaluation methods that can continue to inform the BSPHN on digital tools barriers and opportunities, as well as feedback and suggestions for ongoing support.

- BSPHN to work with CARE-PACT to host a series of RACH specific forums, e.g. 90-minute breakfast sessions, inviting regional managers, RACH managers and clinical leads.

APPENDIX A: GENERAL PRACTITIONERS

Contact Details for GPs in the BSPHN Footprint Servicing RACHs

enkindle

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Access Aged Care	Access Aged Care	Nazareth House Wynnum	31	1300 886 077	https://www.accessdoctor.com.au/
Dr Aaron Chambers	Grow Life Medical	Ozcare Bakhita	All	07 3073 5111	oxley@growmedical.com.au
Dr Aida		Algester Lodge	60		
Dr Ajilesh Chacko	Your Health Medical Centre	St Paul De Chartres Residential Aged Care	57	3277 6488 F: 3272 7474 M: 0429365617	ajilesh_chacko@yahoo.com
		Bolton Clarke Cazna Gardens			
		Calamvale Opal	50		
		Arcare Parkinson	Dr Chacko and Dr Nair looks after almost 80% of our residents (110)		
		Berrinba Greens Care Community	70		

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

enkindle

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Alex Oo		Regis Chelmer		07 3818 9400	dralexoo.vcare@gmail.com
Dr Amanda Irwin	Brandon Roomworth Medial Centre	St Vincents		(07) 3369 0551	reception@bardonmedical.com.au
Dr Ameer Hamza	Ormeau Family Practice	Southern Cross Care Edens Landing		0756703939	
	Amtan Medical Ormeau Village	Blue Care Beenleigh Bethania Haven Aged Care			
Dr Anand Patel	Silky Oaks Medical Centre, 218 Manly Rd Manly West 4181	Nazareth House Wynnum	4	3396 9855	manlywest@silkymed.com.au
Dr Anand Singh	Woolongong Medical Centre	CoC Clive Burdeu	71		
	Woolloongabba Medical Centre	Tricare MT Gravatt Aged Care Residence		0415 604 506	
Dr Annabelle Plume	Birkdale Medical Centre	Prins Willem Alexander Village		Ph: 3207 4600	admin@birkdalemedical.com.au

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Annika Blackie	Birkdale Medical Centre	Prins Willem Alexander Village	(30 elders)	PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Anthony Henderson	Medico, Shop 55B Inala Town Centre	Bethesda Caring		PH: (07) 3879 2309	
Dr Anthony Sullivan		Tricare Upper MT Gravatt Aged Care Residence		PH: (07) 3343 1344	info@gcmed.com.au
Dr Ashok Kirpalani		Arcare Eight Mile Plains	23	PH: (07) 3330 3233 0406 903 467	drkirpalani@gmail.com
	EIGHT MILE PLAINS FAMILY DOCTORS	Arcare Springwood	35		reception@eightmileplainsdoctors.com.au
	Eight Mile Place Family Doctors	Tricare Upper MT Gravatt Aged Care Residence			
	Eight Mile Place Family Doctors	Tricare MT Gravatt Aged Care Residence			
Dr Aysha Rasul		Arcare Logan Reserve			
		Arcare Parkinson			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Barbara Jones	Birkdale Medical Centre	Prins Willem Alexander Village		PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Bernadette Nixon		Holland Park Aged Care	18	PH: (07) 3914 2188	
Dr Boothroyd	Inala	Care at Pine Lodge	1 - family member takes resident		
Dr Borodin	Holland Park Gen Practice	Care at Pine Lodge	20		
Dr Bruce Hands		Trinder Park Lutheran Services			dochands@bigpond.com
Dr Caleb Lee	Grow Life Medical	Ozcare Bakhita		PH: (07) 3073 5111	oxley@growmedical.com.au
Dr Caroline South	Visited externally	Nazareth House Wynnum	1		

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Chang	Beaudesert Rd surgery Moorooka	Care at Pine Lodge	17		
Dr Chhabra Manuj	Daisy Hill Surgery	Arcare Slacks Creek		PH: (07) 3208 1022	manujchhabra@yahoo.com
		Arcare Springwood	35		
Dr Chris Van Oeveren		Trinder Park Lutheran Services		PH: (07) 3343 1344, 0449 151 681	christiaan.vanoeveren@uqconnect.edu.au
		Arcare Eight Mile Plains	1		
Dr Chua		Infin8 Care Cleveland		PH: (07) 3821 3844	
Dr Claire Connole	Birkdale Medical Centre	Prins Willem Alexander Village		PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Clare	Grow Life Medical	Ozcare Bakhita		PH: (07) 3073 5111	oxley@growmedical.com.au

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Dale Garred	Visited externally	Nazareth House Wynnum	1		
Dr Egan	Redland Bay Surgery	Blue Care Redland Bay Yarrabee Aged Care Facility		PH: (07) 3829 2057	reception@redlandbaysurgery.com.au
Dr Elizabeth Lansky	Manly Clinic, 81 Clara St Wynnum 4178	Nazareth House Wynnum	1	PH: (07) 3348 1999	manlyclinic.admin@ipn.com.au
Dr Emily Callandar	Access Aged Care	Janoah Gardens and the Plains / Prins Willem Alexander Village	80	PH: 1300 886 077	
Dr Emily McGhie	Birkdale Medical Centre	Prins Willem Alexander Village		PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Ethan Salleh	Gladstone Road Medical Centre	Cooparpoo Aged Care	1	PH: (07) 38449599	reception@grmc.com.au
Dr Eugene Riwoe	Holland Park Family Medical	Tricare Upper MT Gravatt Aged Care Residence		PH: (07) 3849 6868	hollandpark@ipn.com.au

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Eugene Riwoe	Holland Park Family Medical	Carinity Wishart Gardens		0411 189 592	hollandpark@ipn.com.au
		Tricare MT Gravatt Aged Care Residence			
Dr Farzand Ali	Kuraby Station Surgery	Janoah Gardens and the Plains		0422 720 083	fali85@hotmail.com
Dr Fatima Nasir	Your health Medical Centre	Calamvale Opal	29	M: 0498318069, PH: (07) 34230533	fnisar403@gmail.com
	Kuraby Station Surgery	Bluecare Sunnybank Hills			
		Berrinba Greens Care Community	26		
Dr Flynn	Algester Aged Care Medical Centre	Regis Greenbank		0417618050	alg.ac.med@gmail.com
Dr Frank Cao	Cornwall Street Medical Centre	Cooparpoo Aged Care	5	PH: (07) 3346 1122	jiajia1013@gmail.com

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

enkindle

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Frank Kao		Arcare Eight Mile Plains	39	0401046947	Frank_Kao23@hotmail.com
Dr Glenn Pearce	Doctors at Redlands	Infin8 Care Cleveland		PH: (07) 3823 2444	doctorsatredlands@gmail.com
Dr Gwendoline Burton	Morningside General Practice Clinic	Cooparpoo Aged Care	2	PH: (07) 3399 4685	pracman@mgpc.net.au
Dr Hang Nguyen	Sinnamon Village Medical Centre	Sinnamon Village Kentish Crt		PH: (07) 3714 5162	
		Sinnamon Village Knowles Crt			
		Sinnamon Village Dovetree Crt			
		Sinnamon Village Reid Crt			
		Sinnamon Village Nash Crt			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Hendrik Van Wyk	Old Cleveland Road Clinic	Cooparpoo Aged Care	40	PH: (07) 3398 8800	reception@oldclevelandroadclinic.com.au
Dr Ian Butler	Visited externally	Nazareth House Wynnum	1		
Dr Ian Miles	Old Cleveland Road Clinic	Bluecare Carina		PH: (07) 33988800	
Dr Ian Williams	Camp Hill Healthcare	Bluecare Carina		PH: (07) 3270000 (713)	
Dr Imran Ali	Beaudesert Medical Centre	Wongaburra	17	PH: (07) 5541 1422	reception@beaumed.com.au
		Whiddon Beaudesert			
Dr Jacinta Sorensen		Jimbulunga		PH: (07) 3240 8900	jacinta.sorensen@atsichsbrisbane.org.au
Dr James Hong		Bolton Clarke Carrington			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

enkindle

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr James Hong		Arcare Eight Mile Plains	20	PH: (07) 3277 1888	hhongau@gmail.com
Dr Jamie Hurley	Beaudesert Medical Centre	Wongaburra	7	PH: (07) 5541 1422	reception@beaumed.com.au
Dr Jay Patel	Doctors at Mount Gravatt	Bluecare Carina		PH: (07) 32777500	
Dr Jaykumar Patel	Medstar Medical Center	Cooparoo Aged Care	16	PH: (07) 3154 0400	drjcoorparoo@gmail.com
Dr Joe Fang	WeCare Medical Group Mt Ommaney	Regis Greenbank		PH: (07) 28008088	patient@wecaremedical.com.au
		Bluecare Sunnybank Hills		PH: (07) 2800 8088	
		Bethesda Caring			
Dr John Mitchell	Visited externally	Nazareth House Wynnum	1		

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr John O'Sullivan	neurologist	Arcare Eight Mile Plains	1	PH: (07) 3832 0501	josreception@iinet.net.au
Dr John Quinn	Visiting Aged care facilities	Regis Chelmer		0413 721 016	drjfquinn18@gmail.com
	.	Janoah Gardens and the Plains		0413 721 016	drjfquinn18@gmail.com
		Nazareth Residential Aged Care			drjfquinn18@gmail.com
Dr Jonathon Stellmach	The Redlands Clinic	Regis Birkdale	70	PH: (07) 5551 6955	
Dr Jones Clen		St Lukes Green Australian Unity	9		
Dr K Natrajan	Geriatrician	Bethesda Caring		PH: (07) 3193 3887	welcome@drnatarajan.com.au
Dr Kailas Roberts	Westside Private Hospital	Bethesda Caring		PH: (07) 3130 2800	

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Kara Griffiths	Birkdale Medical Centre	Prins Willem Alexander Village		PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Kavur	Mt Gravatt	Care at Pine Lodge	1 - family member takes resident		
Dr Keith Lawrence		St Lukes Green Australian Unity	1		
Dr Keith Maclaverty	Hawthorne Medical Clinic	Bluecare Carina		PH: (07) 33995444	
Dr Kerry Hulett	Birkdale Medical Centre	Prins Willem Alexander Village		PH: (07) 3207 4600	admin@birkdalemedical.com.au
Dr Kwong Chow	Seven Hills Medical Centre	Bluecare Carina		PH: (07) 39142188	
Dr Kylie Dean	Victoria Point Family Practice	Infin8 Care Cleveland		PH: (07) 3207 0322	drkyliedeanvicpointfp@internode.om.net
Dr Kym McGregor	Koobil Street Medical	Janoah Gardens and the Plains		0407 165 036	kym@koobilstmedical.com.au

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Laith Abu El-Kishik	Crestmead Medical Surgery	Southern Cross Care Edens Landing		PH: (07) 32997234	
Dr Leanage Gayeshika	Onecaredoctors	Carinity Wishart Gardens		PH: (07) 3343 1344	info@onecaredoctors.com.au
Dr Leon Kondos	Methyr Medical	St Vincents		PH: (07) 3254 1400	admin@merthyrmedical.com
Dr Leonard King		Carinity Wishart Gardens		0421 212 533	sunlawn@bigpond.com
		Holland Park Aged Care	6		
		St Lukes Green Australian Unity			
		Tricare MT Gravatt Aged Care Residence			
		Trinder Park Lutheran Services			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

enkindle

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Leslie Soo		Jimbulunga		Office number: PH: (07) 3240 8940 Mobile: 0412 263 787	lesley.soo@atsichsbrisbane.org.au
Dr Linh Cheung	Medsana Medical Clinic	Janoah Gardens and the Plains		PH: (07) 3852 4878	Drlinh@medsana.com.au
Dr Louise Hurley	Camp Hill Healthcare	Tricare Upper MT Gravatt Aged Care Residence		PH: (07) 3270 0000	admin@camphillhealthcare.com.au
		Carinity Wishart Gardens		PH: (07) 3270 0000	admin@camphillhealthcare.com.au
		Holland Park Aged Care	14		
Dr Manique Wijesinghe	Choice Aged Care	Arcare Eight Mile Plains		1300 275 908	office@choiceagedcare.com.au
Dr Mark Fletcher		Nazareth Residential Aged Care	22		reception@coorparooclinic.com.au
Dr Megan Tattersall	Centre Place Family Practice Rochedale	Tricare MT Gravatt Aged Care Residence		0417 613 870	

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Michelle Thompson		Holland Park Aged Care	13	Mob: 0402 407 991	
Dr Mohomed Ghafoor	Mylocaldoc Wishart	Tricare Upper MT Gravatt Aged Care Residence		PH: (07) 3349 6063	drafrazg@gmail.com
		Carinity Wishart Gardens		0418 429 129	
		Tricare MT Gravatt Aged Care Residence			
Dr Moisiadis	Newnham Rd Medical Centre	Care at Pine Lodge	1		
Dr Muhammad Nurul Hussain	Star Medical Algester	Berrinba Greens Care Community	28	PH: (07) 32723688 M: 0435344546	hussainmn24@gmail.com
Dr Murtaza Ali Akbar	Edens Landing Doctors	Southern Cross Care Edens Landing		PH: (07) 38051005	
Dr Mustarchad Zaka	Bethania Family Practice	Blue Care Beenleigh Bethania Haven Aged Care			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Mustarshad Zaka	Bethania Family Practice	Bethania Gardens	Equally shared		
Dr Najmuz Khan	Private practice	Bolton Clarke Moreton Shores		0437 718 236 PH: (07) 3714 5162	nzkhan707@gmail.com
		Blue Care Carbrook Wirunya Aged Care Facility			
		Blue Care Redland Bay Yarrabee Aged Care Facility			
		Infin8 Care Cleveland			
		Bolton Clarke Talbarra			
		Blue Care Springwood Yurana			
		Arcare Logan Reserve			

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Najmuz Khan	Private practice	Algester Lodge	50	0437 718 236	nzkhan707@gmail.com
		Bolton Clarke Cazna Gardens			
		Bethania Gardens			
Dr Nanayakkara	Sunnybank Hills Medical Centre	Bluecare Sunnybank Hills			
Dr Naomi Odorico		Nazareth Residential Aged Care			drodorico@outlook.com
Dr Naomi Richmond	Koobil Street Medical	Janoah Gardens and the Plains		PH: (07) 3841 1011	naomi@koobilstmedical.com.au
Dr Parvitra Sharma	Star medical centre Acacia Ridge	Arcare Slacks Creek		PH: (07) 3277 1888	starmedicalac@gmail.com
	Star medical centre Acacia Ridge	Algester Lodge	22		

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Paul Mercer	Silky Oaks Medical Practice	Janoah Gardens and the Plains		PH: (07) 3396 9855	manlywest@silkymed.com.au
		Nazareth House Wynnum	26		
Dr Pavitra Sharma	Star Medical Centres	Prins Willem Alexander Village	60	PH: (07) 3277 1888	starmedicalcentre@gmail.com,
Dr Peter Hegerty	Capalaba General Practice 5 Larbonya Crescent Capalaba 4157	Nazareth House Wynnum	14	PH: (07) 3245 3011	
Dr Pummi Roy	Top Health Doctors	Janoah Gardens and the Plains		PH: (07) 3133 0822	Pummiroy@gmail.com
Dr R le Feuvre and Dr Earl	Redlands Clinic	Infin8 Care Cleveland		PH: (07) 07 3207 3313	reception@redlandsclinic.com.au
Dr Rajesh Nair	Your Health Medical Centre	Regis Greenbank		0484364951	rajesh_nair@me.com
		Bolton Clarke Carrington			

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Rajesh Nair	Your Health Medical Centre	Arcare Springwood	35	Mob: 0484364951 PH: (07) 32789400	rajesh_nair@me.com
		Arcare Parkinson			
		Calamvale Opal	38		
		St Paul De Chartres Residential Aged Care	40		
Dr Rajiv Gandhi	Daisy Hill Surgery	Arcare Slacks Creek		PH: (07) 3208 1022	dr_gandhi21@hotmail.com
		Janoah Gardens and the Plains		0429 876 267	reception@daisyhillsurgery.com.au
Dr Rebecca Levy	Baywest Medical Centre, Cnr Wynnum & Randall Rd Wyn West 4179	Nazareth House Wynnum	17	PH: (07) 3396 5309	admin@baywestmedical.com.au
Dr Restituto Glorioso		Regis Salisbury		0421 498 015	agedcaregp1@gmail.com

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Shaukat Ali		Trinder Park Lutheran Services			woodridge.reception@myhealth.net.au,
Dr Sonia Ansel	Old Cleveland Road Clinic	Holland Park Aged Care	1	PH: (07) 3398 8800	reception@oldclevelandroadclinic.com.au
		Carinity Wishart Gardens			
Dr Swapna Joseph	Doctors@Underwood	Janoah Gardens and the Plains		PH: (07) 3341 2444	admin@underwooddoctors.com.au
Dr Tarsem Madhar	Silky Oaks Medical Centre, 218 Manly Rd Manly West 4179	Nazareth House Wynnum		PH: (07) 3396 9855	manlywest@silkymed.com.au
		Janoah Gardens and the Plains		PH: (07) 3396 9855	
Dr Thiruneelakandas Yogasivam	Beaudesert Family Practice	Whiddon Beaudesert			reception@bfpractice.com
Dr Thomas Mulcahy		Whiddon Beaudesert			reception@beaumed.com.au

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Thurshana Gallage		Trinder Park Lutheran Services			starmedicalcentre@gmail.com,
Dr Tim Amos		Holland Park Aged Care	32	PH: (07) 3229 9355	
Dr Tim Han	Star Medical Centre Sunnybank	Cooparpoo Aged Care	28	PH: (07) 3345 4838	hantim680@yahoo.com.au
Dr Tim Smith	Manly Clinic, 81 Clara St Wynnum 4178	Nazareth House Wynnum	17	PH: (07) 3348 1999	manlywest@silkymed.com.au
Dr Tom Mulcahy	Beaudesert Medical Centre	Wongaburra	80	PH: (07) 5541 1422	reception@beaumed.com.au
Dr Walter Borodin		Holland Park Aged Care	6	PH: (07) 3849 6868	
Dr Yau	Oxley Rd Corinda	Care at Pine Lodge	12		
Dr Yogasivam Thirum	Beaudesert Family Practice	Wongaburra	2	PH: (07) 5541 3111	reception@bfpractice.com

GENERAL PRACTITIONERS IN THE BSPHN FOOTPRINT

DOCTOR	MEDICAL CENTRE	RACH SUPPORTED	RESIDENTS SUPPORTED	CONTACT NUMBER	EMAIL
Dr Zoonia Khurum	Highlands Health Centre Doctors	Bolton Clarke Moreton Shores			zoonikhuram1@gmail.com
Unknown – Doctors name not provided	Stradbroke Island Medical Centre	Nareeba Moopi Hurum Pa	4	PH: (07) 3409 8660	
Unknown – Doctors name not provided	Yulli-Burri-Ba	Nareeba Moopi Burris Pa	7	PH: (07) 3409 9596	

GENERAL PRACTITIONERS' DETAILS NOT PROVIDE WHEN REQUESTED

- Forest Lake Lodge
- Tricare Sunnybank
- Regis Bulimba
- Anglicare SQ Edwin Marsden
- Tooth Memorial Home for Aged
- Jimboomba
- Opal Springwood
- Capellabay Aged Care
- Blue Care Alexandra Hills
- Nandeebie Aged Care
- Tricare Jindalee
- Sylvan Woods Aged Care
- Southern Cross Care Stretton Gardens
- Opal Bethania Parklands
- Regis Yeronga
- Wellington Park Private
- Adventist Retirement Village Victoria
- Bluecare Wynnum
- Oxley Grove Care Community
- Southern Cross Care Holland Park - Duhig Village
- CofC Brig O Doon
- St Vincents Care Carina
- Churches of Christ Buckingham Gardens
- Redland Residential Care
- Georgina Margaret Davidson-Thompson Hostel

APPENDIX B: RACH ENGAGEMENT DETAILS

Contact & Engagement Details for RACHs in the BSPHN Footprint

enkindle

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S EMAIL	CLINICAL LEAD'S CONTACT NUMBER
Blue Care Redland Bay Yarrabee Aged Care Facility	07 3829 4400	Samantha Symes	S.Symes@bluecare.org.au	0428 734 518	Millie Stephenson	A.Stephenson@bluecare.org.au	0448 636 377
Blue Care Carbrook Wirunya	07 3290 9777	Samantha Symes	s.symes@bluecare.org.au	0428 734 518	Deon Andrews	d.andrews1@bluecare.org.au	
Infin8 Care Cleveland	0732866879	Ivy Andoy	ivy.andoy@infin8care.com.au		Mary Riki-Wilkes	mary.riki-wilkes@infin8care.com.au	
Blue Care Springwood Yurana	07 3290 0579	Rosalie Casey	r.casey1@bluecare.org.au		Catherine Schinkel (Infection Control Lead)	c.schinkel@bluecare.org.au	
Janoah Gardens	07 3900 4700	Czecelee Thomson	czecelee.thomson@bethanycc.org.au				
The Plains	07 3900 4700	Czecelee Thomson	czecelee.thomson@bethanycc.org.au				
Trinder Park Lutheran Services	07 3387 4999	Lucy Yu	lucy.yu@lutheranservices.org.au		Srishti Maskey	srishti.maskey@lutheranservices.org.au	
Southern Cross Care Edens Landing	07 3422 6900	Ravinder Kaur	Rajwinder.Kaur@arcare.com.au	0434 314 088	Kona Shapira	kona.shapira@sccqld.com.au	
Bethania Haven Aged Care Facility	(07) 3489 9200	Jasleen Kaur	j.kaur15@bluecare.org.au	0439 759 082			
Jimbulunga	(07) 3807 0655	Belinda Charles	Belinda.Charles@atsichsbrisbane.org.au	0413684282	Sharen Suman	sharen.suman@atsichsbrisbane.org.au	

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Infin8 Care Cornubia	07 3445 3400	Michael Mucham	michael.muchamore@infin8care.com.au	0499 700 506	Maxine Heard	maxine.heard@infin8care.com.au	
Forest Lake Lodge	(07) 3278 9486	Pawan Bishnoi	pawan.bishnoi@forestlakelodge.com.au				
Sinnamon Village - Kentish Court	(07) 37145178				Shinto John Paul	sjohnpaul@wmq.org.au	
Ozcare Bakhita	(07) 3016 6500	Leevi Thomson	leevi.thompson@ozcare.org.au	0428 335 726	Monica Monica	monica.monica@ozcare.org.au	
St Vincents Corinda	(07) 3555 8787	Karrin Auld	karrin.auld@svha.org.au				
Bethesda Caring	(07) 3568 7600	Shree Shrestha	sshrestha@wmq.org.au	0437 124 207			
Wongaburra	(07) 5540 1400	Atul Singh (CEO)	ceo@wongaburra.com.au	07 5540 1400	Muhammad Afzal	ccc@wongaburra.com.au	
St Paul De Chartres Residential Aged Care	(07) 3800 7188				Dee Hewson	dhewson@spcagedcare.org.au	Fax: 0738007897
Bolton Clarke Carrington	07 3711 1100	Sam Bolanghe	sabolanghe@boltonclarke.com.au		Emma Causebrook		
Arcare Logan Reserve	07 3451 8100	Sachin Kamboj	sachin.kamboj@arcare.com.au		Hayley Palmer	hayley.palmer@arcare.com.au	

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

enkindle

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Arcare Springwood	(07) 3081 4100				Grace Wenyi Jiang	grace.jiang@arcare.com.au	
Arcare Slacks Creek	(07) 3804 8800				Yaqian (Ivy) Zhuang	yaqian.zhuang@arcare.com.au	0488 087 772
Bolton Clarke Talbarra	07 3489 1014	Nomtha Tyalana	ntyalana@boltonclarke.com.au	0438 530 126	Parminder Sidhu	psidhu3@boltonclarke.com.au	
Regis Greenbank	07 3800 3000	Hazel Mango	greenbankgm@regis.com.au	0478 405 291	Sarabjot Joshi	Greenbankccm@regis.com.au	
Churches of Christ Clive Burdeu	07 3809 8201	Donna Souvan	donna.souvan@cofcqld.com.au	0448 922 712	Dipesh Khanel	dipesh.khanal@cofcqld.com.au	
Tricare Sunnybank	07 3276 9000	Amanda Deol	amanda.deol@tricare.com.au				
Algester Lodge	3711 4711	Sarah Heyes	rsm@algesterlodge.com				
Bolton Clarke Cazna Gardens	07 3845 0000	Tristesse August			Mary Thompson	mthompson3@boltonclarke.com.au	
Regis Bulimba	07 3909 4000	Andrew Gibbs	bulimbagm@regis.com.au				
Whiddon	(07) 5542 4700	Sue Falzon	s.falzon@whiddon.com.au	0476 800 892			

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Anglicare SQ Edwin Marsden Tooth Memorial Home for Aged	07 38938900	Suzette Scriven	sscriven@anglicaresq.org.au	0437703762	Glynis Vonholt	gvholt@anglicaresq.org.au	
Jimboomba Community Aged Care	(07) 5646 1000				Janice Boyton	rm.jb@signaturecare.com.au	
Blue Care Carina	07 3891 8000	Catherine Sherlock	c.sherlock@bluecare.org.au	0419657631	Skye Britton	s.britton@bluecare.com.au	
Opal springwood	0737229400	Andrew Pierron	andrew.pierron@opalhealthcare.com.au	0408568135	Binny Thomas	binny.thomas@opalhealthcare.com.au	
Calamvale Opal	0737230400	Sophiya Giri	sophiya.giri@opalhealthcare.com.au		Surakshya Ghimire	surakshya.ghimire@opalhealthcare.com.au	
Berrinba Greens Opal	(07) 3809 1400				Kirsti Taylor	kirsti.taylor@opalhealthcare.com.au	0400965557
Arcare Eight Mile Plains	07 3422 6900	Rajwinder Kaur	Rajwinder.Kaur@arcare.com.au	0434 314 088	Coco He	yixin.he@arcare.com.au	
Prins Willem Alexander Village	073822 0845	Shane Wang	shane.wang@micare.com.au	0490442456	Maria Anidis		
Regis Birkdale	07 3207 5666	Fraser Thornton	wynnumam@regis.com.au	0477 672 972	Joelene Koen	birkdaleccm@regis.com.au	
Opal Bethania Parklands	0732006888	Jeet Kaur	jeet.kaur@opalhealthcare.com.au		Tarunima Sharma	tarunima.sharma@opalhealthcare.com.au	

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

enkindle

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Bolton Clarke Moreton Shores	0732868600	Dawa Sherpa	dsherpa@boltonclarke.com.au	0473520263			
Bethania Gardens	0728006050	Sean Davitt	sean.d@stjudes.com.au		Ronak Kumar	ronakkumar.p@stjudes.com.au	
St Vincents (Kangaroo Point)	(07) 3068 8256	Kirk Farquharson	kirk.farquharson@svha.org.au	0468 565 804	Mia He	iao.he@staa.org.au	
Tricare Upper Mt Gravatt	07 3343 9254	Elizabeth Coco	elizabeth.coco@elderlycare.au	0490 301 396	Hee-Hyun (Jinny) Chin	jinny.chin@elderly.au	0490 860 765
St Lukes Green Australian Unity	0731299086	Rachel O'Toole	ROToole@australianunity.com.au	0499742663	Sandy Kaur	skaur1@australianunity.com.au	0407342354
Carinty Wishart Gardens	07 3347 8800	Solomon Shekede	solomon.shekede@carinity.org.au				
Tricare Mt Gravatt	(07) 3349 9122				Bhargavi Patel	bhargavi.patel@tricare.com.au	0490 301 399
Sinnamon Village - Knowles Court	(07) 3714 5265				Nadia Chen	NChen@wmq.org.au	0459 104 301
Sinnamon Village - Nash Court	(07) 3714 5259				Belinda Seaward	BSeaward@wmq.org.au	
Sinnamon Village - Dovetree Court	(07) 3737 7200				Heidi Cabahug	hcabahug@wmq.org.au	

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

enk**i**ndle

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Sinnamon Village - Jacobs Court	(07) 3714 5197				Maria O'Connor	moconnor@wmq.org.au	
Sinnamon Village - Reid Court	(07) 3714 5275				Belinda Seaward	BSeaward@wmq.org.au	
Care at Pine Lodge	07 3277 5841	Nadia Hope			Margaret Te Kira	care@pinelodgehome.com.au	
Sylvan Woods Aged Care	(07) 3207 2830	Sunny Singh	sunny.singh@vacenti.com.au		Marlowe Carbonell	Marlowe.Carbonell@vacenti.com.au	
Tricare Jindalee	07 3360 9000	Josef Casais	josef.casais@elderlycare.au				
Southern Cross Care Stretton Gardens	07 3373 9000	Gurjot Dhillon	gurjotd@sccqld.com.au	0417 885 612	Harpreet Dhaliwal	Harpreet.Dhaliwal@sccqld.com.au	0429 785 409
Arcare Parkinson	0737270100	Anju Peter	anju.peter@arcare.com		Shereen Alwin	shereen.alwin@arcare.com.au	0400775852
Regis Yeronga	0734145300	Kellie Amedee	yerongagm@regis.com.au	0427516342	Sushmita Ghimire	yerongacm@regis.com.au	
Blue Care Sunny Bank Hills	07 3273 0500	Brian Chu	b.chu@bluecare.org.au	0429 598 007	Celeste Oh	h.oh2@bluecare.org.au	0429481039
Nazareth Residential Aged Care	0733915534	Tiffany Wiles			Kripa John	clinicalcare@nazcare.com.au	

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

enkindle

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Nareeba Moopi Moopi Pa North Stradbroke Island Aboriginal & Islanders Housing Co-operative Society Ltd	0734099690	Selena Long	selena.long@nsihousing.org		Sam Bongiorno (Quality and Resources Coordinator)	sam.bongiorno@nsihousing.org	0734099690
Wellington Park Private Care	07 3556 1837	Val Gooley	vgooley@superiorcare.com.au	0413 472 567			
Blue Care Alexandra Hills Nandeebie Aged Care Facility	(07) 3820 0200				Rebecca Granger	r.granger@bluecare.org.au	
Capellabay Aged Care Facility	(07) 3119 3100				Andrea Mathews	amathews2@boltonclarke.com.au	0428 424 209
Regis Salisbury	07 3373 8277	Candice Hall	salisburygm@regis.com.au	0459 108 135	Tiana Sato	salisburyccm2@regis.com.au	
Regis Chelmer	0737169900	Pearl Fanai (Team Leader)	chelmerccm@regis.com.au	0737169900	Ravneet Kaur	chelmerccm2@regis.com	0737169900
Adventist Retirement Village Victoria	07 38205777	Karan Ghuman	karanpreet.ghuman@arplus.org.au				
Blue Care Wynnum	(07) 3308 5852	Sylvia Fonmoa	s.fonmoa@bluecare.org.au	0408 067 948	Indu Lamichhane	i.lamichhane@bluecare.org.au	
Coorparoo Aged Care	0731536000	Debbie McPhee	dmcphee@coorparooagedcare.com.au	0428 891 771	Leonie	CACCN@coorparooagedcare.au	
Oxley Grove Care Community	3716 9710	Linda Howard	linda.howard@opalhealthcare.com.au		Sarah Brabon	Sarah.Brabon@opalhealthcare.com.au	61439842997

RACHS CONTACT DETAILS IN THE BSPHN FOOTPRINT

enkindle

RACH NAME	RACH CONTACT NUMBER	FACILITY MANAGERS NAME	FACILITY MANAGERS EMAIL	FACILITY MANAGERS CONTACT NUMBER	CLINICAL LEAD'S NAME	CLINICAL LEAD'S CONTACT	CLINICAL LEAD'S CONTACT NUMBER
Southern Cross Care Holland Park - Duhig Village	07 3340 3200	Mohammed Sardar (Head of Partnerships and Community Engagement)	Mohammed.Sardar@sccqld.com.au	0461 560 146	Preet Goraya	preet.goraya@sccqld.com.au	07 3340 3200
Regis Holland Park Aged Care	07 3421 4000	Francia Moore	hollandgm@regis.com.au	0437477425			
Nazareth House Wynnum	07 3393 5511	Wei 'Will' Xu	w.xu@nazarethcare.com				
Regis Wynnum	(07) 3249 5100				Michel le' Bouverie	wynnumccm@regis.com.au	
St Vincents Care Carina	(07) 3532 5511	Sharon Johnson	Sharon.johnson@svha.org.au	0434 186 692			
Churches of Christ Buckingham Gardens	(07) 3824 4623	Judith Gardner	judith.gardner@cofcqld.com.au	(07) 3824 4623	DJ Ratcliffe (Quality & Compliance Coordinator)	dj.ratcliffe@cofcqld.com.au	0407 491 266
Churches of Christ Brig O' Doon	(07) 3824 4623	Ashok Sharma	ashok.sharma@cofcqld.com.au	(07) 3824 4623	DJ Ratcliffe (Quality & Compliance Coordinator)	dj.ratcliffe@cofcqld.com.au	0407 491 266
Georgina Margaret Davidson-Thompson Hostel	0733966888	Kylie Burley	ghostel@winnam.org				
Redland Residential Care	(07) 3488 3800				Jonathan Muller	jonathan.muller@health.qld.gov.au	

APPENDIX C: MHR REGISTRATION CHECKLIST

MY HEALTH RECORD RESOURCES

My Health Record

enkindle

Australian Government
Australian Digital Health Agency

My Health Record

Organisation Registration Checklist

This checklist supports healthcare organisations to register and use My Health Record

About My Health Record
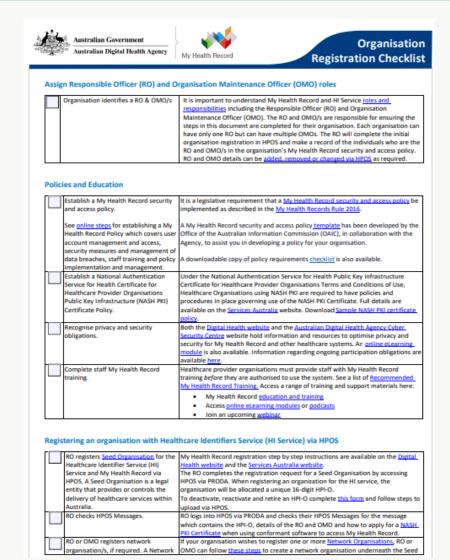
What is My Health Record and what are the benefits?	My Health Record is a secure online summary of key patient health information. Healthcare providers can access the system to view and add information. The following resources provide more information about My Health Record: • Digital Health website and benefits for healthcare providers • Access free online eLearning modules or podcasts • Join an upcoming webinar • Find information on uploading, viewing and organisation registration.
Information about PRODA and HPOS	Provider Digital Access (PRODA) is an online authentication system used to securely access government online services. Health Professional Online Services (HPOS) is a fast and secure way for health professionals and administrators to do business with Services Australia.

Information required to register an organisation for My Health Record

Business ABN/ACN		Responsible Officer (RO)	
Trading Name		Organisation Maintenance Officer/s (OMO/s)	
Street Address Postal Address		Mobile Phone This allows receipt of the PIC code via SMS for NASH PKI Certificate (if required)	
Email Personal email of individual completing registration		Organisation Type Check options on the Services Australia website	
Organisation Structure Seed or network organisations		Connection Type Will the organisation be connecting to My Health Record via a conformant clinical information system or the National Provider Portal?	

Understanding Healthcare Identifiers

Healthcare Provider Identifier – Organisation (HPI-O)	The HPI-O identifies the healthcare provider organisation where healthcare is provided. It is available once the organisation has completed the online registration process for the Healthcare Identifiers Service (HI Service) via HPOS.
Healthcare Provider Identifier – Individual (HPI-I)	An HPI-I identifies an individual healthcare provider. Health professionals registered with the Australian Health Practitioner Regulation Agency (Ahpra) can locate their HPI-I by accessing their account via the Ahpra website or by calling the HI Service (1300 419 495). Non-Ahpra registered health professionals can apply for an HPI-I online via HPOS.
Individual Healthcare Identifier – (IHI)	An IHI identifies an individual receiving healthcare services. Once the HPI-O and HPI-I are configured and correct patient demographics have been entered, conformant clinical software or the National Provider Portal can retrieve and validate the patient's IHI and confirm the patient's My Health Record status.

Australian Government
Australian Digital Health Agency

My Health Record

Organisation Registration Checklist

Assign Responsible Officer (RO) and Organisation Maintenance Officer (OMO) roles

☐	Organisation identifies a RO & OMO/s	It is important to understand My Health Record and HI Service roles and responsibilities including the Responsible Officer (RO) and Organisation Maintenance Officer (OMO). The RO and OMO/s are responsible for ensuring the steps in this document are completed for their organisation. Each organisation can have only one RO but can have multiple OMOs. The RO will complete the initial organisation registration in HPOS and make a record of the individuals who are the RO and OMO/s in the organisation's My Health Record security and access policy. RO and OMO details can be added, removed or changed via HPOS as required.

Policies and Education

☐	Establish a My Health Record security and access policy. See online steps for establishing a My Health Record Policy which covers user account management and access, security measures and management of data breaches, staff training and policy implementation and management.	It is a legislative requirement that a My Health Record security and access policy be implemented as described in the My Health Records Rule 2016. A My Health Record security and access policy template has been developed by the Office of the Australian Information Commission (OAIC), in collaboration with the Agency, to assist you in developing a policy for your organisation. A downloadable copy of policy requirements checklist is also available.
☐	Establish a National Authentication Service for Health Certificate for Healthcare Provider Organisations Public Key Infrastructure (NASH PKI) Certificate Policy.	Under the National Authentication Service for Health Public Key Infrastructure Certificate for Healthcare Provider Organisations Terms and Conditions of Use, Healthcare Organisations using NASH PKI are required to have policies and procedures in place governing use of the NASH PKI Certificate. Full details are available on the Services Australia website. Download Sample NASH PKI certificate policy.
☐	Recognise privacy and security obligations.	Both the Digital Health website and the Australian Digital Health Agency Cyber Security Centre website hold information and resources to optimise data and security for My Health Record and other healthcare systems. An online eLearning module is also available. Information regarding ongoing participation obligations are available here.
☐	Complete staff My Health Record training.	Healthcare provider organisations must provide staff with My Health Record training *before* they are authorised to use the system. See a list of Recommended My Health Record Training. Access a range of training and support materials here: • My Health Record education and training • Access online eLearning modules or podcasts • Join an upcoming webinar

Registering an organisation with Healthcare Identifiers Service (HI Service) via HPOS

☐	RO registers Seed Organisation for the Healthcare Identifier Service (HI Service) and My Health Record via HPOS. A Seed Organisation is a legal entity that provides or controls the delivery of healthcare services within Australia.	My Health Record registration step by step instructions are available on the Digital Health website and the Services Australia website. The RO completes the registration request for a Seed Organisation by accessing HPOS via PRODA. When registering an organization for the HI service, the organisation will be allocated a unique 16-digit HPI-O. To deactivate, reactivate and retire an HPI-O complete this form and follow steps to upload via HPOS.
☐	RO checks HPOS Messages.	RO logs into HPOS via PRODA and checks their HPOS Messages for the message which contains the HPI-O, details of the RO and OMO and how to apply for a NASH PKI Certificate when using conformant software to access My Health Record.
☐	RO or OMO registers network organisation/s, if required. A Network	If your organisation wishes to register one or more Network Organisations, RO or OMO can follow these steps to create a network organisation underneath the Seed

Link to Checklist

Organisation Registration Checklist (Page 3)

Australian Government — Australian Digital Health Agency / My Health Record

	Item	Details
	Organisation is a sub-entity of a Seed Organisation that provides healthcare services.	Organisation. A unique HPI-O will be provided for each new Network Organisation created. Ensure the option to 'apply for access to the My Health Record system' is selected when creating network organisations that will require access to the system. Each network organisation will require a separate NASH PKI certificate (unless using the *CSP Approach*, see below). RO should consider when it is appropriate to set access flags when registering any network organisations for My Health Record.
☐	Set access flags for any network organisations.	Access flags allow healthcare provider organisations to be identifiable to healthcare recipients in their My Health Record access history and gives different parts of a large organisation different access to the My Health Record system. Information about Access flags can be found on the Services Australia website and in Division 4 of the My Health Record Rule 2016. Access flags allow network organisations to either inherit their parent organisation's access (flag set to 'No') or have access separate from their parent organisation's access (flag set to 'Yes'). A seed organisation is always set to 'Yes'. For further support regarding network organisations, contact the HI Service.
☐	**NASH Approach** Apply for a National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) Certificate for Healthcare Provider Organisations using conformant software to access My Health Record. *A NASH PKI Certificate may not be required for some conformant software (eg. Genie (CSP), GENTU, Aquarius, Clinic to Cloud, MMEx). Check with your software provider to confirm and proceed to 'CSP Approach'. If not using conformant software, proceed to 'NPP Approach' step.*	RO or OMO logs into HPOS via PRODA and requests a NASH PKI Certificate, selecting the correct software product and version number. Ensure a mobile phone number is entered when prompted to receive an SMS with the Personal Identification Code (PIC) to install the NASH certificate within 30 days. A NASH certificate needs to be configured/installed into the software product to be functional. Contact your software provider for support with NASH certificate installation. Certificates are valid for 2 years and RO or OMO should plan to apply and install a new NASH Certificate before the expiry date.
☐	**CSP Approach** If using software using a Contracted Services Provider (CSP) then link HPI-O to CSP Number in HPOS. *A NASH certificate does not need to be downloaded if the organisation is using a CSP product to access My Health Record.*	RO/OMO links HPI-O to CSP number, which is provided by the CSP software provider, in both the 'CSP Links' tab and added under Manage Authorisation Links in HPOS. Follow the steps in this guide.
☐	**NPP Approach** Is your software My Health Record Conformant? If not, your organisation can access My Health Record using the National Provider Portal.	Follow these step-by-step instructions to register the organisation and individuals for the National Provider Portal. Click here to access the National Provider Portal online or via PRODA. It is a legislative requirement for organisations to maintain a list of employees authorised to access My Health Record. For those organisations using the National Provider Portal, the RO and/or OMO links all HPI-Is to the HPI-O via HPOS to allow appropriate individuals access to My Health Record. If using conformant software, check with the software provider whether this step is required.

Software Configuration

	Item	Details
☐	Add HPI-Is of clinical staff to software. Linking HPI-Is to the HPI-O in HPOS is required for *National Provider Portal* and some conformant software.	Contact your software provider for support with configuring software. HPI-Is of clinical staff who will be accessing My Health Record will need to be entered into the software. For those organisations using the National Provider Portal, the RO and/or OMO must link all HPI-Is to the HPI-O by managing HPI-I Authorisation Links. Please check with your conformant software provider if linking in HPOS is required.

PAGE 3

Organisation Registration Checklist (Page 4)

Australian Government — Australian Digital Health Agency / My Health Record

	Item	Details
☐	Add HPI-O to clinical software.	Check your software providers resources or contact IT service provider for configuration support.
☐	Install NASH PKI Certificate in software.	Check your software provider's resources or contact IT service provider to arrange configuration support. A Personal Identification Code (PIC) will be required.
☐	Update software settings to ensure permission for staff accessing My Health Record.	Check your software provider's resources or IT Support for My Health Record configuration support. Staff will require relevant viewing/uploading permissions enabled for My Health Record and Electronic Transfer of Prescriptions.
☐	Validate an Individual Healthcare Identifier (IHI).	Check your software provider's resources for instructions to confirm that your software has been configured correctly to access My Health Record (using either the NASH or CSP approach) and that your software can retrieve and validate a patient's IHI.
☐	Register with a Prescription Exchange Service (PES).	Contact Prescription Exchange Service (PES) provider: eRx Script Exchange (1300 700 921) or MediSecure (1800 472 747)
☐	Check if conformant software can access My Health Record.	Contact your software provider or the Agency helpline (1300 901 001) if there are connection errors (if you are getting an error message).

Inform your patients

	Item	Details
☐	Provide information to your patients.	A range of information is available on the Digital Health website. Print on Demand resources such as brochures, counter cards and posters are available. Please contact your local Primary Health Network or clinical peak organisation to order.
☐	Add information to your website and privacy policy.	Inform consumers that your healthcare organisation uses My Health Record.

For further information and support

Helpline	Queries	Contact	Available
Healthcare Identifiers (HI) Service Enquiry Line	Identifier queries (HPI-Os, HPI-Is, IHIs) and organisation registration	Phone 1300 361 457 Email healthcareidentifiers@servicesaustralia.gov.au	Mon–Fri 8.30am - 5.00pm AEST & AWST
PRODA Help	PRODA queries	Phone 1800 700 199	Mon–Fri 8.00am - 5.00pm AWST
HPOS Help	HPOS queries	Phone 132 150	Mon–Fri 8.00am to 5.00 pm AWST
eBusiness Service Centre	Certificates, including Medicare PKI Site Certificates and NASH	Phone 1800 700 199	Mon–Fri 8.00am – 5.00pm AEST & AWST
My Health Record Help Line	General enquiries and detailed support for individuals and healthcare providers	Phone 1800 723 471 (option 2 for providers)	Open 24 hours, 7 days
Australian Digital Health Agency Help Centre	Complex queries, provider enquiries, secure messaging delivery enquiries, and digital health education	Phone 1300 901 001 Email help@digitalhealth.gov.au	Mon–Fri 8.00am – 5.00pm AEST

Updated: March 2023

PAGE 4

Link to Checklist

APPENDIX D: BUSINESS PROCESS RESOURCES

BUSINESS PROCESS RESOURCES

enkindle

Business Process Resource List

	TOOL TYPE	WHAT
1	Business Process Support Guidelines	Guidelines for undertaking the business process support to identify actions of support that can be taken to assist RACH embed video telehealth practices.
2	Business Process Support Checklist	A template that can be used in the first visit (online or in person) to gather the information needed to support the establishment/ embedding of the business processes and training for video telehealth within the RACH.
3	Communications Kit	3.1 Letter/ Email template – Resident/ Families 3.2 Talking points for Resident meetings 3.3 Letter/ Email template- Health Professionals 3.4 Talking points for meetings with Health Professionals and information collection tool 3.5 Talking Points for Staff Meetings
4	Healthdirect Set Up	Procedures to set up the healthdirect Clinic for the RACH and to support the admin officer at the RACH to configure the clinic. 4.1 Guidelines and process for establishing clinics within healthdirect for RACH model- with links to healthdirect articles. 4.2 Guidelines for supporting RACH identified Administrators in establishing accounts (users) and configuring the RACH clinic - with links to healthdirect articles.
5	Equipment Set Up	Procedure to set up the equipment. 5.1 Guidelines for setting up equipment with shortcuts to healthdirect and any other telehealth platforms being used by the RACH (at the request of the Health Professionals) 5.2 Trouble Shooting Guide from healthdirect – contacts to be edited for each service.
6	Health Practitioner engagement	Information for health practitioners if they show interest in establishing their own telehealth capability Information on Grants available to General Practice through the PHN for digital health uplift Links information on the healthdirect platform for Health Professionals through the healthdirect knowledge base. https://help.vcc.healthdirect.org.au/primary_health_care_portal/interested-in-healthdirect-video-call

	TOOL TYPE	WHAT
7	Contacts List for Health Practitioners	Template for Health Professional contacts to include telehealth channel information as well as traditional contact details (Dr list template).
8	Guide: Booking Telehealth Appointments	Quick reference Guides: Guide for booking telehealth appointments, including workflow and booking SMS and email template/s.
9	Supporting Telehealth Appointments	9.1 Supporting telehealth appointments workflow templates/ procedure and ITC troubleshooting Quick Reference Guide with links to technical support knowledge articles from healthdirect. 9.2 Downloaded - How to guides from the healthdirect platform database.
10	Telehealth Policy and standards	10.1 Checklist for coordinating Video telehealth appointments in RACHs 10.2 Checklist for supporting video telehealth in RACHs 10.3 Tip sheet for video telehealth policy inclusions 10.4 Tip sheet for video telehealth procedure inclusion 10.5 Example resident consent
11	Registration for My Health Record	Tip sheet for RACH for the My Health Record including contacts at the Digital Health Agency for support
12	eNRMC grant information	Tip Sheet for RACH for the eNRMC grants for the implementation of a conformant eNRMC including contacts for further information
13	Training	Training templates and video links for use by BSO to contextualise information around the business process for the RACH can be left with the RACH for ongoing training of new staff and agency staff. 13.1 Draft PowerPoint for introducing telehealth and business processes for nurses and those supporting telehealth. 13.2 Key contacts at healthdirect to coordinate training as well as the provision of PowerPoint for healthdirect platform training.

APPENDIX E: NATIONAL TELEHEALTH TRAINING

LINKS TO NATIONAL TRAINING ON TELEHEALTH FOR RACHS AND REMOTE END CLINICIANS

enkindle

TELEHEALTH TRAINING

The national consortium of PHNs have made this training freely available to all Commonwealth funded residential aged care homes and remote clinical providers consulting residents, Australia wide.

The hyperlinks below take you directly to the telehealth training resources for both RACHs and Remote Clinical Teams:

Residential Aged Care

- This training stream is for onsite staff and clinicians working inside aged care homes. This includes not just personal care workers but also nurses, specialists, managers and other staff working in residential aged care settings.

Remote Clinical

- This training stream is for remote-end clinicians and other health professionals providing medical, health and wellbeing services to the residential aged sector, practicing offsite.

As a PHN, the training is accessible to all providers in your footprint, and, in addition, you can make this resource available to their staff.

Access for PHNs and RACHs that have an LMS and would like to load the training on to their LMS

Access via ALIS for individuals who work in aged care or RACHs without an LMS

https://resiagedcaretelehealth.training/

PHN Cooperative Contact – Susi Wise, execoffice@phncooperative.org.au

https://learning.agedcarequality.gov.au/user_login

enkindle

PROGRAMS	RESIDENTIAL AGED CARE MODULES	REMOTE CLINICAL MODULES
General	*The training comprises a series of 32 online learning modules, around 6-10 minutes long, grouped into 6 themes as follows:*	*The training comprises a series of 30 online learning modules, around 6-10 minutes long, grouped into 6 themes as follows:*
	The benefits of telehealth	The benefits of telehealth
	The importance of telehealth in residential aged care	The importance of telehealth in residential aged care
	Telehealth training program overview and learning pathway (onsite)	Telehealth training program overview and learning pathway (remote)
Infrastructure	Setting up a room for telehealth (onsite)	Setting up a room for telehealth (remote)
	Telehealth equipment options (onsite)	Telehealth equipment options (remote)
	Telehealth software options (onsite)	Telehealth software options (remote)
	Optimising connectivity (onsite)	Optimising connectivity (remote)
	Integrating remote monitoring devices (onsite)	Using monitoring devices in telehealth (remote)
Logistics and Support	Instigation of a telehealth consultation (onsite)	Instigating a telehealth consultation (remote)
	Scheduling consultations (onsite)	Scheduling telehealth consultations (remote)
	Clinician support for telehealth residents (onsite)	Supporting telehealth residents (remote)
	Personal care worker support for telehealth residents (onsite)	Supporting resident's family and carers (remote)
	Conducting consultations (onsite)	Medico-legal considerations (remote)
	Maintaining resident privacy (onsite)	Data security requirements (remote)
	Medico-legal and security requirements (onsite)	MBS and telehealth (remote)
	MBS and telehealth (onsite)	

PROGRAMS	RESIDENTIAL AGED CARE MODULES	REMOTE CLINICAL MODULES
Best Practice	Telehealth etiquette (onsite)	Telehealth etiquette (remote)
	Engaging family members and carers (onsite)	Engaging families and carers (remote)
	Optimising interpreter services (onsite)	Remote engagement with interpreter services
	Telehealth for vision and hearing-impaired residents (onsite)	Telehealth for vision and hearing-impaired residents (delivered remotely)
	Telehealth for persons living with dementia (onsite)	Telehealth for persons living with dementia (delivered remotely)
Models of Telehealth care	End-of-life care (onsite)	End-of-life care (delivered remotely)
	Wound care (onsite)	Wound care (delivered remotely)
	Case conferencing (onsite)	Case conferencing (delivered remotely)
	Emergency care (onsite)	Emergency care (delivered remotely)
	Geriatric consultation (onsite)	Geriatric consultation (delivered remotely)
	Psychiatric consultation (onsite)	Psychiatric consultation (delivered remotely)
	Allied health consultations (onsite)	Allied health consultations (delivered remotely)
Troubleshooting	Hardware troubleshooting (onsite)	Hardware troubleshooting (remote)
	Software troubleshooting (onsite)	Software troubleshooting (remote)
	Scheduling challenges (onsite)	Scheduling challenges (remote)
	Managing expectations (resident and family)	

APPENDIX F: INDIVIDUAL REPORT TEMPLATE
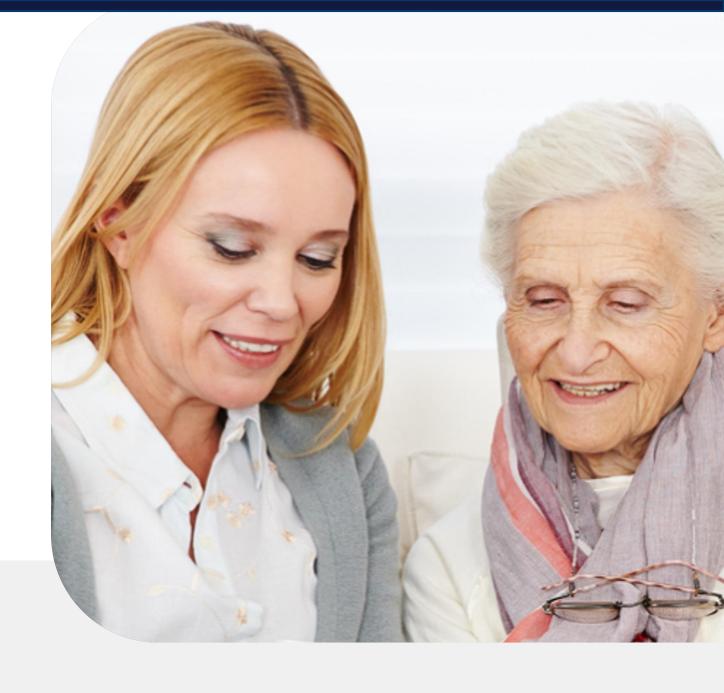
INDIVIDUAL REPORT TEMPLATE

enkindle

INDIVIDUAL EVALUATION REPORT

This activity is supported by funding from Brisbane South PHN through the Australian Government's PHN Program. Enkindle has been engaged to conduct a digital capability and capacity evaluation with Residential Aged Care Homes (RACHs) to gain an understanding of the current use of digital health technologies, clinical tools and systems and workforce capability within residential aged care homes.

Areas that the digital health capability and capacity evaluation focuses on:

- Connectivity within the service
- Digital tools and technologies in use
- Current telehealth practices
- Staff capability and willingness to adopt digital health tools and technologies

Information is collected during a site visit (either in person or virtually) where staff from the service or head office are consulted to gather the information to complete the individual evaluation report.

Residential Aged Care Facility: Aged Care Home

Date of evaluation consultation: XXth Month 2024

Staff who participated in the consultation:

Name	Position
	Facility Manager
	Clinical Care Nurse
	ITC Support

FINDINGS - SUMMARY

RECOMMENDATIONS FOR CONTINUOUS IMPROVEMENT

CONNECTIVITY

CLINICAL SYSTEMS

RECOMMENDATIONS FOR CONTINUOUS IMPROVEMENT

DIGITAL HEALTH TOOLS

TELEHEALTH USAGE

STAFF CAPABILITY

DIGITAL HEALTH CAPABILTY SCORE

enkindle

As part of the consultations, each Residential Aged Care Home (RACH) is evaluated against the domains of digital health, inclusive of;

- Connectivity within the service
- Adoption of digital software, including clinical and medication systems
- Adoption of digital health tools, including the My Health Record, QLD Viewer and clinical pathways
- Utilisation of telehealth and embedding of Telehealth practices;
- Staff capability and confidence using digital tools

The BSPHN-approved tool provides the facilities with an understanding of their digital health maturity against the domains listed above and an overall score out of 57.

The score, together with recommendations for improvement can assist the service in better understanding the areas where they can improve and increase their adoption of digital health.

YOUR SCORE

XX/57

Category	Explanation
Incomplete Score 0-12	Current digital capability is indicative of a service that is low and requires support in multiple areas to engage in telehealth and utilise digital health tools
Exploratory Score 13-33	Current digital capability is indicative of a service that is starting to establish capabilities to engage in telehealth and utilise digital health tools – further support is required to establish digital health practices and improve capability
Established Score 34-45	Current digital capability is indicative of a service that has established telehealth and/or digital health tool utilisation – some support to improve digital health practices may be needed
Leading Score 46-57	Current digital capability is indicative of a service that is leading in the areas of telehealth and digital health tool utilisation – minimum support is required.

SCORING INFORMATION

enkindle

DIGITAL HEALTH CAPABILITY & READINESS ASSESSMENT	INCOMPLETE (SCORE 0 POINT)	EXPLORATORY (SCORE 1 POINT)	ESTABLISHED (SCORE 2 POINTS)	LEADING (SCORE 3 POINTS)	SCORE
INTERNET	No internet	Internet (wall access points), but no cellular or Wi-Fi	Cellular or Wi-Fi (some rooms with drop-outs/ black spots)	Cellular or Wi-Fi (no drop-outs/blackouts)	0
CONNECTIVITY QUALITY - CONNECTIVITY ISSUES (BLACKSPOTS)	More than 31% of rooms with issues	11- 30% of rooms with issues	1-10% of rooms with issues	No connectivity issues	0
INTERNET SPEED	Less than 2mbps	2mbps>3mbps	3mbps>5mbps	5mbps+	0
ABILITY FOR VISITING HEALTH PRACTITIONERS TO ACCESS INTERNET	Not available	Corporate network accessible with limitations	Corporate network accessible without limitations	Accessible guest portal/ internet service	0
Connectivity - out of 12					0
CLINICAL MANAGEMENT SOFTWARE (CMS)	None in use	Implementation in progress or technology is at end-of-life	Established CMS in use (non-MHR Conformant)	MHR conformant clinical management software	0
UTILISATION OF CLINICAL MANAGEMENT SOFTWARE	None in use	Data is captured on paper and then data entry into system (full or partial)	Data is captured directly into system (point of care) but by RNs only	Data is captured at point of care and clinical staff	0
ELECTRONIC MEDICATION MANAGEMENT SYSTEM (EMMS)	No EMMS	Implementation in progress or technology is end of life	Non-Conformant EMMS	eNRMC conformant	0
Clinical Systems - out of 9					0
MY HEALTH RECORD USAGE	No access	Facility Manager and/or some clinicians have access	All nursing staff have access, and some are using to view records	All clinicians have access to and are using to view and write records	0
THE VIEWER (QLD HEALTH) USAGE	No - we are not aware of The Viewer	No - we are aware, but we don't use it	Yes - Facility Manager and/or some clinicians have access, and some use it view records	Yes - All clinicians have access and are using it to view records	0
DIGITAL CLINICAL DECISION – MAKING TOOLS	Not using	1-40% of nurses are using	41-79% of nurses are using	80%+ of nurses are using	0
Digital Health Tools – out of 9					

SCORING INFORMATION

enkindle

DIGITAL HEALTH CAPABILITY & READINESS ASSESSMENT	INCOMPLETE (SCORE 0 POINT)	EXPLORATORY (SCORE 1 POINT)	ESTABLISHED (SCORE 2 POINTS)	LEADING (SCORE 3 POINTS)	SCORE
PRIMARY METHOD OF TELEHEALTH USAGE	None	Phone consultations	Mix of phone & video	Video	0
TELEHEALTH USAGE – SCHEDULED APPOINTMENTS	None	Monthly	Weekly	Daily	0
NUMBER OF HEALTH PRACTITIONERS WHO REQUESTED VIDEO TELEHEALTH CONSULTS IN THE LAST MONTH	None	1-2	3-4	5+	0
TELEHEALTH BUSINESS PRACTICES	No telehealth practices	Telehealth practices occur but are not documented	Documented telehealth practices (paper)	Digitalised workflows for telehealth practices	0
Connectivity - out of 12					0
CONFIDENCE OF STAFF UTILISING DIGITAL HEALTH SOFTWARE & TOOLS	Not confident	Somewhat confident	Confident	Very confident	0
PERCENTAGE OF REGISTERED NURSES WHO ACTIVELY SUPPORT VIDEO TELEHEALTH	None	1-40%	41-79%	80+%	0
TRAINING ON USE OF TELEHEALTH	None	Orientation Only	Training provided at orientation and when things change	Staff are trained in orientation , when things change and offered refreshers during the year	0
TRAINING ON THE USE OF DIGITAL CLINICAL SYSTEMS	None	Orientation Only	Training provided at orientation and when things change	Staff are trained in orientation , when things change and offered refreshers during the year	0
TRAINING ON THE USE OF CLINICAL DECISION-MAKING TOOLS	None	Orientation Only	Training provided at orientation and when things change	Staff are trained in orientation , when things change and offered refreshers during the year	0
Staff Capability - out of 15					0

CONTACT US

We exist to help create a world class Aged Care system through renewal, repositioning and reinventing service models and strategies.

- Strategic Advisory
- Strategic Planning & Design
- Market Entry & Exit Planning
- Operational Review
- Stakeholder Engagement
- Change Management

enkindle

JENNENE BUCKLEY

jennene@enkindle.com.au

0411 255 331

TASH EDWARDS

tash@enkindle.com.au

0447 242 508

Enkindle Consulting PTY LTD ABN 91 648 408 495