

Advice for GPs

with patients in
aged care

Do you have patients in an aged care facility?

This tip sheet is the first in a series to support our GPs working in residential aged care facilities (RACFs). It incorporates the expertise of a range of stakeholders including Professor Michael Murray, the head of the Australian Government's Victorian Aged Care Response Centre, Victorian Department of Health and Human Services and our new Aged Care Expert Advisory Group chaired by Dr Jagdeesh Singh Dhaliwal.

Key actions for GPs: CHECK ALL CONTACT DETAILS and ONSITE VISITATION

CHECK that the RACF has your details	Make sure the RACF: <ul style="list-style-type: none">• has accurate contact numbers and details for you, your practice and afterhours contacts, and• they are stored with the RACF's COVID-19 Outbreak Management plan
CHECK the RACF has a list of your patients	Keep an up to date list of the residents you care for at each site, and make sure that each site also has a list of the residents you care for.
CHECK the contacts you have for the RACF and associated services	<ul style="list-style-type: none">> Refer to the RACF's governance chart. Ensure you know who is in charge and how to contact them. This may be a facility manager or a nurse manager> Ensure there is a plan in place for assessing residents who become unwell, including contact details for mobile testing and inreach services where available (see HealthPathways)> Ensure you can contact the pharmacy that supplies your residents, including a plan for afterhours supply, in case of urgent medication needs and make sure that on-site stores have sufficient stock of frequently used medication.
ADVISE RACF if you will visit during COVID-19	<ul style="list-style-type: none">> Advise the RACF whether you are willing to continue to visit the site in appropriate PPE in the event of a COVID-19 outbreak.> Check with the RACF as to whether requirements exist for not working or visiting across multiple facilities

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Key actions for GPs: REVIEW YOUR PATIENTS' CLINICAL RECORDS

REVIEW the patient's clinical details	Ensure patients clinical summary, baseline functional status and details including next of kin are up to date and could be used as a handover summary.
REVIEW goals of care and care escalation	Review goals of care and care escalation for each of your patients in the RACF.
DISCUSS capacity of RACF to manage care	Discuss with RACF their capacity and stock availability to manage increased care requirements such as oxygen and syringe drivers
REVIEW the patient's ACP	Review Advance Care Plans for all patients. Discuss plans for what would happen to a resident if they were to contract COVID-19.
REVIEW the patient's drug charts and prescriptions	Review the drug charts; make sure prescriptions are up to date. Consider: <ul style="list-style-type: none"> • ensuring all prescriptions have at least a 7-day supply remaining. • AVOIDING ALL NEBULISERS due to the increased risk of transmission of COVID-19 through droplet spread; • ensuring Dexamethasone (6mg orally) is available for patients with COVID-19 infection and low oxygen saturation. • anticipatory medications for palliative care needs. (See Healthpathways COVID-19 Palliative Care)
REVIEW the patient's immunisation record	Ensure that influenza and pneumococcal vaccinations are up to date

Key actions for GPs: MANAGE YOUR RACF PATIENTS WITH COVID-19

PROVIDE continuity of care	<ul style="list-style-type: none"> > Maintain continuity of care through face to face care or by telehealth. COVID-19 MBS telehealth items can be claimed, see Healthpathways COVID-19 telehealth and COVID-19 MBS items. > Consider providing ongoing care for residents who chose to go home with family.
CHECK infection and PPE Plan for visiting the facility	If you will be attending a RACF, always undertake best practice infection control and PPE requirements. Check for updates on PPE requirements at the DHHS PPE webpage and practice donning and doffing your PPE. Consider having someone observe you to make sure you're doing it correctly. (See the DHHS video: PPE for contact and droplet precautions (4min))
ACCESS to clinical advice and COVID-19 information	<ul style="list-style-type: none"> > If you are managing patients with COVID-19 and have any COVID-19 specific questions seek local infectious diseases advice. > Healthpathways has a regularly updated page on assessment and management of patients with COVID-19 patients in aged care.
CONNECT and communicate with families	Contact and be a portal of information for families. Consider having a video conference for several families or all the families of your patients from the one facility at the same time for rapid sharing of information and to allay anxiety.

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Key actions for GPs: MANAGE COVID-19 – your PRACTICE and the RACF

PLAN for surge capacity	<ul style="list-style-type: none"> > Plan for surge capacity amongst your colleagues, if possible, in discussion with nursing staff. Consider forming a group where one (or more) GPs continue to visit the site if others need to self-isolate. The visiting GPs can perform any tasks that can't be undertaken via telehealth > The PHN can assist by facilitating joint meetings and case conferences with GPs, RACFs and local hospital in-reach to agree how best to manage COVID positive patients.
SEEK ADVICE for concerns about an RACF	<ul style="list-style-type: none"> > If you have concerns about a facility's ability to prepare adequately or to cope with escalating issues, contact in-reach services or the Victorian Aged Care Response Centre (VACRC) at agedcareCOVIDcases@health.gov.au > To notify VACRC of a suspected case of COVID-19 where there is not already a confirmed case in the facility, call 0413 399 020 (9am to 7pm 7 days a week) or email VACRC.COVID19Notifications@health.gov.au <p>For confirmed cases, notify the DHHS on 1300-651-160</p>

When an RACF is affected by an outbreak: GPs need to BE PREPARED for:

New staff and management	<ul style="list-style-type: none"> > Usual RACF staff and management that have been furloughed/quarantined and replacement staff in place who do not know the residents, their medical care needs or care wishes. In some instances, this can include surge GP workforce to provide onsite care however, the PHN is encouraging continuity of care with a patients regular GP wherever possible. > Breakdown in usual procedures when regular staff are replaced
GPs impacted by COVID	Some visiting GPs may be in isolation or unable to attend facilities on site. Plan amongst GPs and facility staff. The PHN can assist linking to other GPs and hospital in-reach .
Communication difficulties	<ul style="list-style-type: none"> > Difficulty contacting nursing staff within the RACF (e.g. phone calls unanswered or very limited information provided in response to GPs' calls). > Difficulties with communication lines within the facility (e.g. messages not being transferred between wings or floors of the facility) • Frequent contact from residents' family members seeking information about their family member.
The emotional toll	Managing an outbreak can be an intensely stressful and traumatic experience. It is important that GPs continue to look after their own health and that of their colleagues and seek help where needed. See Healthpathways – Clinician Health

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Supporting general practice,
commissioning health services into
gaps and driving service integration.