

This leaflet is part of a series written by nurses, doctors and experts with experience in aged care. The series aims to make your journey into residential aged care easier. Look for other leaflets on questions to ask about specific care needs. These can be downloaded at: www.10questions.org.au

You may find these leaflets useful when:

- Searching for a high quality residential aged care facility
- Reviewing the quality of your current residential aged care facility
- Deciding between two residential aged care facilities that appear similar.

By law, residential aged care facilities are not required to have registered nurses so it's important to ask the right questions if you need nursing care.

Many staff wear similar uniforms. Just because someone looks like a nurse does not mean they are. Here are the differences:

A **Registered Nurse (RN)** has undertaken a minimum three-year Bachelor of Nursing course. They can undertake nursing procedures, manage pain medication and help prevent unnecessary hospital admissions.

An **Enrolled Nurse (EN)** works under the direction of an RN. Both are licensed by a regulatory body. Licensing ensures professional standards are maintained and protects the public.


Assistants in Nursing (AIN)/Care Workers/ Care Service Employees (CSE) are unlicensed. They provide most of the care in residential facilities and community but their level of training is variable.



IT'S YOUR RIGHT TO ASK

The best way to find a residential aged care facility that suits you is to visit a few.

To find your local ones, or for more information about aged care services contact

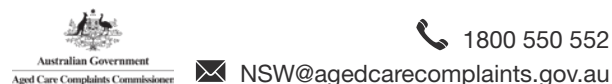

My Aged Care
 **1800 200 422**
myagedcare.gov.au

This leaflet has been developed and endorsed by:




For a full list of supporting organisations please visit www.10questions.org.au

If you have concerns about a residential aged care facility contact:

10 Questions to Ask

ABOUT GP SERVICES IN RESIDENTIAL AGED CARE



www.10questions.org.au

1 **Are registered nurses on site at all times?**

General Practitioners (GP) and visiting doctors* rely on registered nurses (RNs) to hand over clinical information about a person's care needs. They are able to understand and deliver complex clinical treatment that the doctor may prescribe. If RNs are not available on site when doctors/GPs visit, this might mean the treatment you require is delayed, or you may have to go to hospital.

2 **Can I keep my preferred GP?**

If you are moving to residential aged care that is outside the area serviced by your usual GP, you may not be able to keep them. Check which GPs visit the facility, or discuss with them which they are able to visit if that will affect your choice. If you have to change GPs ask your current one to forward your medical records to the new one so they know your medical history. Continuity of care is good, particularly if you have dementia or are unable to explain your symptoms.

3 **Will a staff member be available to escort me to GP/hospital appointments?**

You are entitled to see your GP in private, whether this is in the facility or at the GP practice. However, it may be useful to have a member of staff there to assist and to pass on health information. Check whether staff are available to escort you to appointments if needed.

* A GP is a doctor but not all Doctors are GPs. A GP works in a doctor's surgery or health centre whereas a Doctor can work in a hospital, or other settings.

4 **Is there a doctor on site?**

Some facilities employ their own doctors. This could prevent unnecessary delays in treatment or hospitalisation. However, they may not be employed 'out of hours' so check what arrangements are in place for those times. This should not stop you from keeping your preferred GP if you want to, as long as they can service the area you live in.

5 **Will I have to pay to visit my GP surgery?**

Where the aged care provider is unable to arrange for a GP visit to the facility, they may charge for transport costs and a member of staff to accompany you to appointments off-site. However, you must be informed of these charges and agree to pay before arrangements are made. The same may apply for off-site visits to doctors and allied health appointments.

6 **Is the GP always called if my condition deteriorates and I need help?**

GPs working together with RNs can often provide the necessary care on site and avoid hospital admissions. Having RNs on site at all times means there are clinically trained professionals there to assess any deterioration in your condition and act appropriately. Assistants in nursing (AINs)/care workers do not have the same level of training to do this and may call an ambulance if they see a person deteriorating.

7 **Who will prescribe and review my medications?**

There may be a doctor employed by the facility who can prescribe medication. However, most rely on the person's GP to do this. Many older people take multiple medications, some

that don't work well when combined with other medications or with side effects. Check if there are arrangements to review your medications regularly with your GP/pharmacist.

8 **Will the GP come to the facility or is there a telehealth model?**

In some rural and remote areas there may not be a local GP who can travel to you. It is important to know what the arrangements will be if you need medical attention. Telehealth allows GPs to see you 'online' to make a diagnosis. In these circumstances GPs rely heavily on RNs to carry out their recommended treatment, so it is important to make sure RNs are on site at all times.

9 **What happens if I need a doctor at night?**

If the facility employs a doctor, ask if they are available at all times. GPs often have rotating 'on call' arrangements with other local GPs. An ambulance should never be a replacement for a GP visit unless it is a medical emergency.

10 **Will my family and I be invited to case discussions with the GP and other staff to establish the plan of care?**

It is important that you remain in control of your care and treatment. You should be invited to participate in developing your plan of care, even before you are admitted. Having your usual GP and members of the multidisciplinary team there (such as physiotherapists) will make sure everyone is clear about what care and treatment are best for you. Check these arrangements are ongoing as your needs and preferences may change.