

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.

It's important there are enough registered nurses within the staff skill mix to meet everyone's needs. A single registered nurse per shift may not be enough to safely supervise and deliver 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 registered by a regulatory body. Registration ensures professional standards are maintained and protects the public.

Assistants in Nursing (AIN)/Care Workers/ Care Service Employees (CSE) work under the supervision and direction of nurses and provide most of the care in residential aged care facilities and community. Their level of training and roles vary.



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:

 1800 951 822



Australian Government
Aged Care Quality and Safety Commission

www.agedcarequality.gov.au



10 Questions to Ask

ABOUT GP SERVICES IN RESIDENTIAL AGED CARE




www.10questions.org.au

This leaflet has been written and developed with input from the Royal Australian College of General Practitioners NSW Faculty

The way you can access medical services provided by General Practitioners (GPs) at residential aged care may vary between locations. The following questions may be helpful to ask to clarify GP access arrangements when choosing aged care services.

1 Can I keep my preferred GP*?
If you are moving outside the area serviced by your usual GP, you may not be able to keep them. Check with your GP if they happy to continuing seeing you at your new location if it will affect your decision to move. If you 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 live with dementia or are unable to explain your symptoms.

2 What staff and processes are in place to ensure good clinical handover between GP and nurses?
Visiting and in-house GPs rely on well-documented information about a person's health needs to provide quality health care alongside nurses and allied health practitioners working in residential aged care facilities. Registered Nurses (RNs) have a key role in documenting a person's health information and delivering care prescribed by GPs.

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.

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. This may include care provided online over a video or phone link. Having enough 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 may have side effects. Where available, local Pharmacists can undertake medication reviews. GPs can do this work, too.

8 Do GPs visit in-person or through Telehealth?
Telehealth can sometimes be a quicker and more convenient way to see a GP, particularly in rural and remote areas. Telehealth allows a GP to consult with you online, over a phone or video link. Check with the GP if there is a charge for this. When using Telehealth GPs rely heavily on RNs to carry out their recommended treatment, so it's important to check that enough 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 shouldn't 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?
Case discussions (sometimes called case conferences) are usually meetings between you, your GP and other health practitioners (such as nurses and physiotherapists) to discuss your health needs and care. These discussions help ensure everyone is clear on the care plan and treatment that is best for you. It's important you remain in control of your health care by participating in case discussions. You may choose to have a family member participate too.

* A GP is most likely the first point of contact in matters of personal health and coordinates the care of patients and refers patients to other specialists.