

# GRAMPIANS REGION HEALTH SERVICE PARTNERSHIP

## Grampians Region Health Service Partnership Residential in Reach Model of care

Version 1.1 4<sup>th</sup> March 2025



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## 1. Acknowledgement

The Grampians Region Health Service Partnership wishes to pay respect to all the Traditional Custodians of the countries that our health services operate across the Central Highlands and throughout the Gariwerd/Grampians Region, and their connections to land, waterways and community. We acknowledge our deep respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today. Sovereignty has never been ceded. It always was, and always will be, Aboriginal land.

## 2. Definitions

BSHS	Beaufort Skipton Health Service
CHRH	Central Highlands Rural Health
CNC	Clinical Nurse Consultant
ED	Emergency Department
EGHS	East Grampians Region Health Service
EWHS	East Wimmera Health Service
GRHSP	Grampians Region Health Service Partnership
GH	Grampians Health
GP	General Practitioner
HITH	Hospital in the Home
LOS	Length of stay
MPOA	Medical Power of Attorney
NWAU	National Weighted Activity Unit
NP	Nurse Practitioner
RACH	Residential Aged Care Home
RIR	Residential in Reach
RN	Registered Nurse
RNH	Rural Northwest Health
MDHS	Maryborough District Health Service
UCC	Urgent Care Centre
VVED	Victorian Virtual Emergency Department
WWHS	West Wimmera Health Service

## 3. Introduction and purpose

The purpose of this document is to outline the Grampians Region Health Service Partnership Residential in Reach model of care. The document provides guidance and outlines the scope and process for how care in this expanded Residential in Reach model will be delivered.

Within the Grampians Region there are eight public health services that form the Grampians Region Health Service Partnership (GRHSP). The Health Service Partnership (HSP) model is designed to enable health services to collaborate on strategic system priorities, that can be enhanced by working together.

The GRHSP consists of

- Beaufort Skipton Health Service
- Central Highlands Rural Health
- East Grampians Region Health Service
- East Wimmera Health Service
- Rural Northwest Health
- West Wimmera Health Service
- Maryborough District Health Service
- Grampians Health

The Grampians Region Residential in Reach (RIR) model aims to improve access and equity of care in rural and regional aged care homes, enhance quality and timeliness of care, and improve access to specialised care within a person-centred framework. The model aligns with the Victorian Department of Health's operational plan to deliver more healthcare in local communities closer to home, so that Victorians can access the care they need, no matter where they live. RIR services help by allowing aged care residents to receive care where they live, easing the challenges of getting care outside their aged care home. This approach not only supports residents in getting the right care in the right place, but also reduces the chances of them needing to go to the hospital for care that could be provided at home.

## 4. Background

RIR programs are designed to deliver specialist consultative care directly to residents in residential aged care homes (RACHs). Their primary goal is to prevent unnecessary hospital transfers and provide comprehensive support following hospitalisations. By keeping care within the residential setting, RIR programs enhance the quality of life for older adults while reducing the strain on hospital resources.

The 2023-2024 Victorian state budget allocated \$11.7 million over three years to sustain and expand Residential In-Reach across Victoria. The funding aims to maximize opportunities for residents to receive care in their own homes, including reducing emergency department visits and urgent care presentations, as well as decreasing the length of stay (LOS) for older adults in hospitals.

To support this goal, GRHSP has developed a RIR model of care that extends across the Grampians region. Within the GRHSP there are 54 public and private residential aged care homes encompassing 2596 residential aged care beds. As of October 2024, Grampians Health (GH) Ballarat RIR covers 1259 public and private aged care beds in the Ballarat and surrounding area. The expansion of the RIR model of care to the region will ensure the remaining 1333 residential aged care beds gain access to Residential in Reach, 7 days a week.

Within the Grampians region there are 18 Urgent Care Centres (UCC) and 3 public and private Emergency Departments (ED). In rural and regional areas, urgent care centres and emergency departments vary in their level of care. Urgent care centres treat non-life-threatening conditions, are equipped with basic resources and often staffed by acute ward or aged care home nurses with a general practitioner (GP) on call. The UCC may be required to transfer a resident on to a regional emergency department for more specialised care.

In contrast, emergency departments are open 24/7 and provide comprehensive care for critical cases, with access to advanced diagnostic tools and specialised medical professionals.

Please note: List of UCC/ ED location can be found in appendix

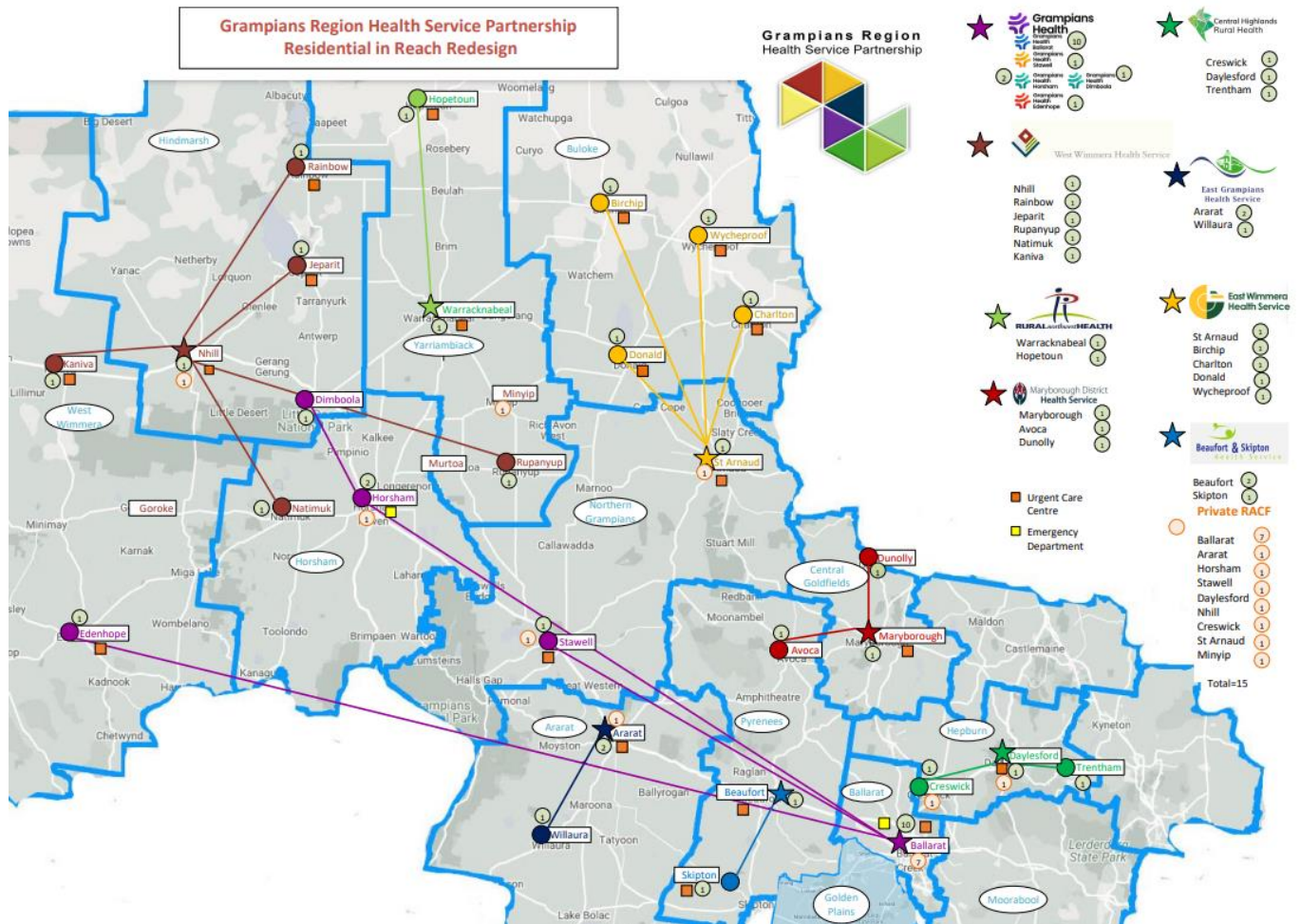


Diagram: Grampians Region map depicts the locations of the Grampians Region Health Service Partnership Health Services, Residential Aged Care Homes, Emergency Departments and Urgent Care Centres.

## 5. Model of care

The model of care framework outlines key principles that guide care delivery, defines the structure and roles of the care team, establishes governance for quality and compliance, details the referral and assessment processes, and describes how care planning and coordination of care are delivered.

## Residential in Reach models of care

The Grampians Region Health Service Partnership RIR model of care is evidence based and person centred. We aimed to ensure that the model is grounded in the latest evidence, leading to more effective, sustainable outcomes. The RIR Redesign project partnered with the DELIVER Research team (Western Alliance Academic Health Science Centre and the Deakin University Institute for Health) to inform the model development and framework for outcome evaluation.

The DELIVER team were invited to join the Grampians Region RIR Redesign steering committee, to support our commitment to innovation and evidence based best practice. The DELIVER team provided expertise to review the evidence on in-reach models of care focusing on what models of RIR are described in the literature, and the reported strengths and weaknesses of those models. Telehealth specific evidence was also considered in the research literature review.

The key findings from the literature were summarised in a rapid evidence summary report provided by the DELIVER research team in July 2024. These findings were then presented to the steering committee and to stakeholders at a Grampians region-wide co-design workshop in August 2024. The research evidence, and other key findings from data review and gap analysis led our working group to develop a framework for the model of care, which was endorsed by the steering committee in October 2024. The Rapid evidence summary report is available in the appendix of this document

## Key principles

Developed by the RIR Redesign working group and endorsed by the RIR Redesign Steering Committee the key principles of the RIR model of care provide the foundational guidelines and values that shape the delivery of the Residential in Reach service. These principles guide the design, implementation, and evaluation of care, ensuring it is effective, equitable, and responsive to the needs of individuals living in aged care homes in the Grampians Region.

- 1. Activity based funding model:**

The RIR service is initially supported by the Department of Health sustaining RIR funding and ongoing self-funded on the National Weighted Activity Unit (NWAU)

- 2. Private and public aged care facilities:**

The RIR program is inclusive of both private and public residential facilities.

- 3. 7 Days a week service and extended service hours:**

The RIR services is available 7 days a week, providing extended hours of operation (e.g. 8am-8pm)

- 4. Telehealth and face-to-face (f2f) services:**

The RIR service offers both face-to-face and telehealth services, ensuring accessibility and timely care regardless of resident's location.

- 5. Protected scope of practice:**

The scope of practice for RIR staff role and responsibilities is clearly defined, ensuring all team members work within their professional competencies and legal boundaries.

- 6. Escalation protocols for all sites:**

Standardised escalation protocols are in place across all sites to ensure consistent and effective process.

- 7. Shared standardised documentation:**

Access to standardised shared documentation to ensure consistency and clarity across all sites and teams.

8. **Family and consumer focus:**

Emphasise family and consumer engagement, ensuring that the services are designed and delivered in partnership with residents and their families.

9. **Partnership with GPs:**

Include GPs in care planning and fostering strong partnerships to enhance care coordination and outcomes for residents.

10. **Building existing capabilities within the workforce:**

Emphasise the development and enhancement of the skills and competencies of the current workforce for ensuring sustainable and effective service delivery.

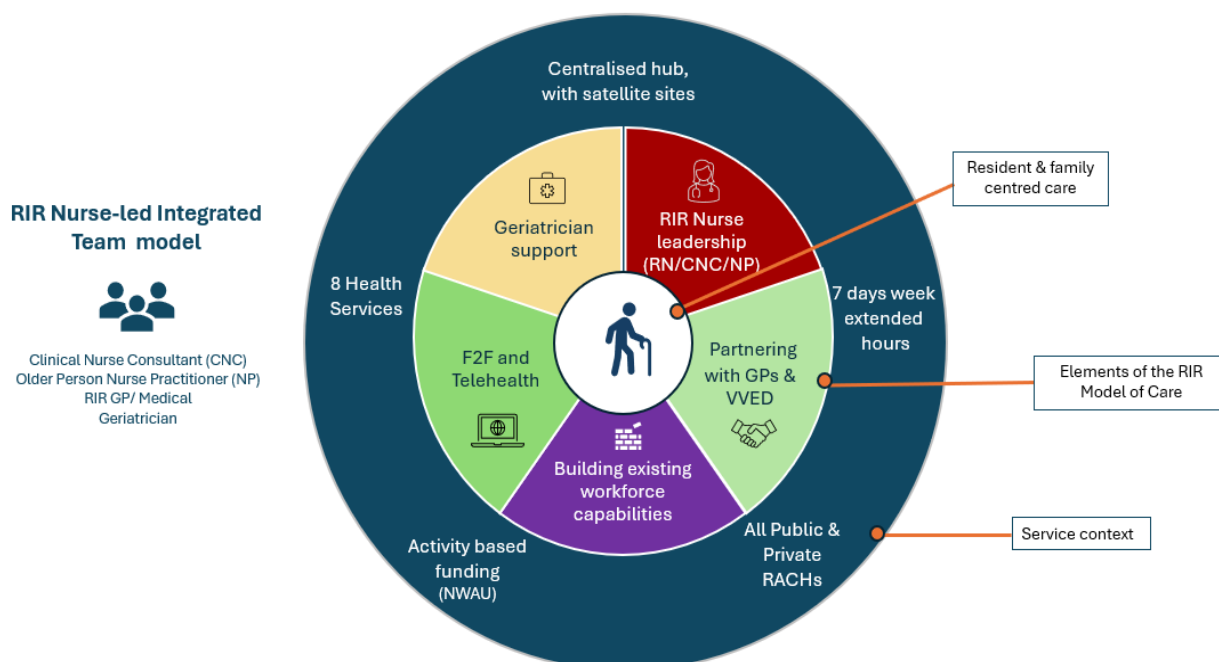
## Care delivery

The Grampians Region RIR model is a nurse led integrated team model, in which nurses take the central role in coordination and delivery of care. The Residential in Reach consultative team is composed of nurse practitioners (NP), clinical nurse consultants (CNC), nurse practitioner candidates, physician trainees, general practitioners (GPs) and geriatricians. Within the integrated team approach delegation or referral within the team is seamless across the team.

**The Grampians Region RIR service is available 730am-730pm 7-days a week, providing comprehensive assessment and management for unwell residents living in both public and private aged care homes across the Grampians Region.**

Initial assessments and consultations are predominately conducted through telehealth with the RIR nurse managing communication with General Practitioners (GPs) and coordinating referrals to specialist teams to provide comprehensive integrated care i.e. Palliative care. Additionally, the team will collaborate with various support systems including the residential aged care home (RACH), Victorian Virtual Emergency Department (VVED) Ambulance Victoria, Health services and their UCC/EDs.

The model of care framework pictured below outlines the key principles of the model.



Pictured: GRHSP RIR framework provides guidance on the key components of the model of care

## Hub and Spoke Structure

The Grampians Region Residential In-Reach (RIR) model utilises a 'Hub and Spoke' structure to optimise healthcare delivery, enhancing accessibility, efficiency, and quality of care. This approach is designed to ensure that patients, particularly those in rural residential aged care homes (RACHs), receive timely, specialised care while minimising travel burdens and optimizing resource use.

### Central Hub- Ballarat ( Level 1)

The central Hub in Ballarat serves as the primary point for receiving all referrals from various sources, including GPs, RACHs, VVED and health services. This centralized structure streamlines the referral process, ensuring that patient information, resources, and funding are effectively managed. By consolidating referrals and resources at the central hub, this approach enables more efficient care coordination, prioritisation of needs, and timely allocation of services.

All referrals are initially triaged at the central hub, where the RIR team reviews and prioritises, them based on clinical need and resources.

The RIR team collaborate to assess patient needs, develop care plans, and allocate referrals to satellite hubs. Telehealth technology is used extensively to offer consultations, support, and advice to the RACHs, reducing response times and ensuring that expert advice is always available. The



central hub operates seven days a week, providing consistent and reliable care coordination and expertise.

Key features:

- Integrated Nurse led team (NP/ CNC/Geriatrician/other)
- Receive referrals for triage and activity-based funding
- High skill level and access to specialised teams
- Use of Telehealth, and face- to -face consultations when needed
- Referral to satellite hubs
- Seamless communication and collaboration with all regional partners

### Satellite Hub- Regional (Level 2)

The Satellite hubs are strategically placed throughout the region to provide care closer to residents' homes. This reduces travel burdens and allows for more personalised face to face and community-based care when needed. Satellite hubs collaborate closely with local GPs and other health professionals/ services, fostering strong relationships that facilitate information sharing and coordinated treatment plans.

Key features:

- Nurse led (NP/ CNC/ RN) teams with high skill levels
- High skill level
- Reduced operational capability compared to the central hub with less frequent coverage or specialist services
- Use of Telehealth and face- to face consultations as required

### Residential Aged Care Home (Level 3)

Grampians region Residential Aged Care Homes (RACHs), both public and private, are integral to the RIR model. The RACHs refer patients to the RIR service when specialised care or support is needed. The RIR team works in partnership with these homes to address challenges such as limited resources, long wait times for specialised care, and the geographic isolation of residents.

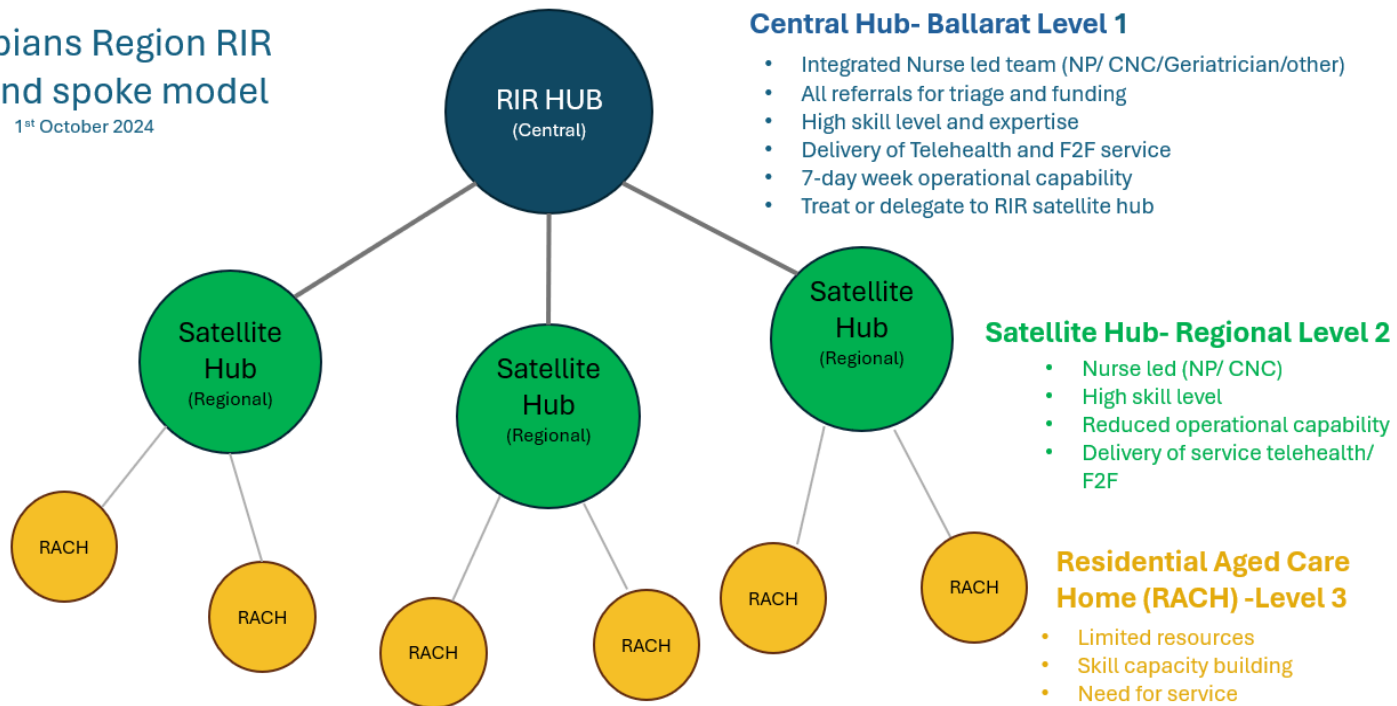
RACHs refer residents to the central hub for more complex or specialised care.

- Resource challenges, RIR service provide additional support
- Skill capacity building, the RIR team provides skill development support for RACH staff
- Benefit from RIR team specialised knowledge and expertise

Please note: Grampians region RIR Satellite hub locations are yet to be determined

## Grampians Region RIR Hub and spoke model

1<sup>st</sup> October 2024



## Referrals

Referrals to the Grampians Region RIR can be made by residential aged care staff, health service staff, GPs, VVED, or Ambulance Victoria. There is a single referral pathway to the RIR hub, referrals are triaged and assigned to the nearest available RIR clinician for face to face or telehealth consultation.

Referral forms can be sent via:

- **Secure email (liquid files) to:** [RIRreferrals@gh.org.au](mailto:RIRreferrals@gh.org.au)
- **Right fax to:** [RIRreferrals@gh.org.au](mailto:RIRreferrals@gh.org.au)
- **Phone:**
  - 730am -4pm : 0478 305 011
  - 11am-730pm: 0417 799 135

## Referral Timing Guidelines

- **Urgent (Same Day):** Call RIR as above and complete the referral form.
- **Within 1-3 Days:** Complete and submit the referral form.
- **Within 7 Days:** Complete and submit the referral form.

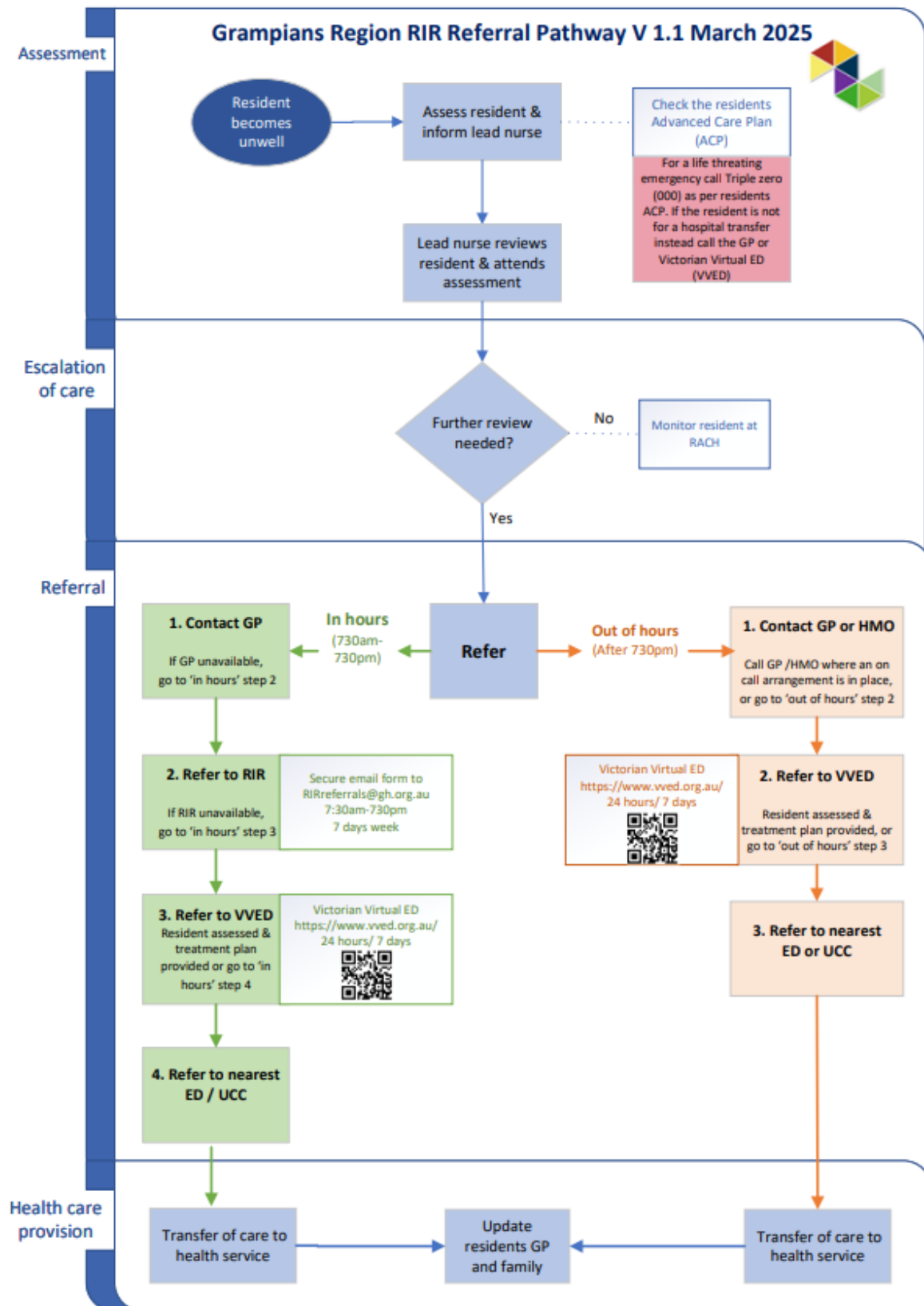
**Referral triage** is carried out by the Grampians Region RIR nurse using the referral form information, and as appropriate a phone call may be made by the RIR nurse for clarification. Clinical assessment via telehealth, may be delegated to a satellite hub. In person visit may be warranted and arranged from the closest available satellite hub. In person visits may not be able to be facilitated on the same day and can be arranged to occur within a few days, as per triage.

**What is secure email attachment via liquid files-** Secure email attachment is a way to send and receive files securely using a secure file transfer system by attaching the files to an email. Users must log in with credentials and the receiver must validate their email by entering a secure token number sent in a separate email. This function may need to be added to your Microsoft outlook function, please contact your IT department for advice.

**What is Right Fax-** RightFax is an application that allows you to fax without needing a conventional fax machine. Faxes can be sent using the scanner on the printer, via the print function and email. Receiving of fax can be via email

## When to refer- Grampians Region RIR referral pathway

The Grampians Region RIR Referral Pathway Tool guides RACH staff when care escalation is needed to identify the appropriate in-hours and out-of-hours services for referral.



Grampians Region RIR Referral pathway V 1.1 March 2025

## Conditions that can be referred to RIR

The Grampians Region RIR service offers comprehensive assessments for unwell residents in aged care homes, working closely with GPs and geriatricians. RIR plays a key role in initiating and overseeing treatment where appropriate, ensuring that residents receive timely, high-quality care.

The RIR service provides clinical assessments and oversees treatment for newly unwell residents, offering a range of medical interventions to support their care. RIR also provides expert guidance on wound management, falls risk assessment and management, and end-of-life care support. Additionally, the service facilitates referrals to relevant healthcare professionals for ongoing support i.e. palliative care.

Verbal consent from the resident or MPOA must be obtained first and documented in RACH medical records documentation.

Referrals to RIR telehealth Ballarat are for non-life-threatening or palliative conditions only. Please see below a list of medical conditions that may be referred to Grampians region RIR.

## Grampians Region RIR referrals- Non-life-threatening conditions only

### Mild Respiratory Illness

Asthma, COPD, Mild breathing problem, Influenza, COVID-19

### Mild to moderate Pain

Abdominal, Limb, Back, Headache

### Abdominal

Nausea &/or vomiting, Diarrhoea, Constipation, Urinary Tract Infections, Urinary Retention

### Cardiovascular

Hypertension

### Neurological

Mild head injury

### Non-Critical Injury

Non-complex fracture, Lacerations and skin tears, Minor burns, Soft tissue

### Infection

Fever, Skin or wound, Urinary, Respiratory

### Chronic Conditions

Diabetes, Back pain, Cancer, Dementia

### Skin

Mild Allergies & Insect Bites, Rash, Oedema, Insect sting, Spider bite

### Epistaxis

### General

Falls or mobility concerns, Abnormal pathology results



## Escalation of care

### **In hours: (730am-7:30pm)**

The Grampians region RIR service operates from 7:30 AM to 7:30 PM. During these hours clinical care should be at first escalated to the residents GP. If the GP is not available, then RACH nursing staff should next refer to RIR. (See referral flow chart below )

### **After hours (After 7:30 PM 7 days a week)**

Escalation of care outside of RIR operating hours should follow the Residential Aged Care Home's (RACH) or relevant health services escalation protocol, which outlines the specific procedures for managing acute or urgent health concerns when usual healthcare staff may not be available. In the event of a clinical issue arising after hours, RACH staff should know how to escalate care appropriately. This may involve contacting the on-call GP, the local hospital, or other healthcare professionals as per the established protocol.

## Assessment

Initial assessment is conducted typically by the RIR nurse via telehealth consultation. Telehealth can be easily accessed via the Health Direct platform. The RIR nurse undertakes initial triage and intake of all referrals, including liaison and communication with the referrer as indicated.

**Telehealth-** Primarily RIR assessment and consultation is conducted via telehealth. Telehealth involves video calls between residents and the RIR clinician for virtual health care. This approach reduces travel time and costs for both residents and staff, alleviates the stress associated with travel or transfers, and provides equitable service by increasing access to specialist services, particularly for residents living in rural aged care homes. Verbal consent from the resident or MPOA must be obtained first and documented in the RIR telehealth initial assessment documentation.

Please refer to the Grampians region RIR Telehealth guideline document in the appendix for further guidance around the use of Telehealth video call.

## Care delivery

Care in the Grampians region RIR model of care is nurse-led and delivered in partnership with a range of healthcare providers, including the Residential Aged Care Home, local GPs, VVED, and palliative care services. The model is designed to be person-centered, tailoring care to the individual health care goals of each resident. Incorporating the foundations of Age-friendly care, the RIR model promotes the use of the 4Ms framework in developing care plans for each resident.

**The 4 Ms framework** aims to improve outcomes for older adults by focusing on four key aspects of care: What Matters, Medication, Mind and Mobility

**What Matters** refers to understanding and prioritizing what is most important to the resident in terms of their values, preferences, and health care goals.

**Mind**, the model supports cognitive health and mental well-being, ensuring that conditions like dementia and depression are identified and managed effectively.

**Mobility** component focuses on preserving independence through mobility assessments and interventions to reduce falls risk and improve functional outcomes.

**Medications** promotes safer prescribing practices, addressing polypharmacy and reducing adverse drug interactions.

**Prescriptions-** MedPoint Prescribing is the medication management system used by the Grampians Region RIR Nurse practitioners and Geriatricians. MedPoint is an electronic prescribing platform that streamlines the prescribing process to provide safe, efficient medication prescribing. The Grampians region RIR Nurse Practitioner (NP) can only prescribe medications after a physical review is conducted and the medication is deemed necessary. RACHs that do not use the MedPoint system can still have medication prescribed via a faxed paper-based prescription form.

Please note: The resident should continue to see their regular GP for routine prescriptions or chronic medications.

**Discharge-** from the Residential In-Reach Program occurs when the service has provided responsive, short-term support. Discharge is documented by the RIR clinician in the RACH icare clinical records and communicated to the GP when indicated, via letter sent to the GP as a secure email attachment.

## Roles and responsibilities

### **RIR Nurse / Clinical Nurse Consultant**

The RIR nurse works alongside the RIR Older Person's NP to deliver timely, person-centred assessment service to Residents of Grampians Region aged care homes. The key responsibilities of the RIR nurse include:

- Providing a consultative service that provides prompt assessment and short-term case management to prevent unnecessary admission to acute care where appropriate. Working with residential aged care nursing staff, resident's GP or alternatively, VVED to establish timely treatment and care.
- Undertake initial triage and intake of all referrals, including liaison and communication with the referrer as indicated.
- Initial assessment is completed by the CNC nurse or NP, either via telehealth or face to face depending on location/ need. Coordination of care is the responsibility of the CNC or NP nurse
- Education to residential aged care home staff, resident and resident's family.
- Consult and advise in the provision of client care within the Registered Nurses' scope of practice.
- Liaison with Grampians Region services, including Emergency department and wards to provide acute intervention within the parameters of a Resident's Advance Care Plan.

## **Nurse practitioner**

The Residential in Reach (RIR) Older person Nurse Practitioner (NP) role is responsible for developing, implementing and delivering a quality assessment and intervention service to residents of residential aged care homes (RACH). The RIR NP consults and advises in the provision of the resident's care within the NP scope of practice.

RIR NP works with RACHs and the resident's General Practitioner, to provide short-term person-centred nursing care to the elderly in their place of residence, preventing Emergency Department presentation. RIR NP also works collaboratively with RIR Gerontologist, providing an assessment service which aims at maximising functional abilities. The key responsibilities of the RIR NP include:

- Conducting comprehensive health assessments to identify and address physical, emotional, and cognitive needs.
- Collaborating with the multidisciplinary team to develop, implement, and review care plans.
- Management of common health conditions, medication review, and performing procedures within their scope of practice.
- Providing education to residents, families, and staff on health management and disease prevention.
- Acting as an advocate for residents, ensuring their preferences and needs are reflected in care planning.
- Working closely with doctors, allied health professionals, and care staff to deliver coordinated, evidence-based care.

## **Geriatrician RIR**

The RIR nursing team is supported in their delivery of care to the resident by the residents GP and the RIR geriatrician. The geriatrician will case conference complex patients identified by the RIR team and directly consult with residents if necessary or requested by the residents GP or the RACH staff.

The RIR Geriatrician will refrain from becoming involved in the care of a resident who already has an external geriatrician, ensuring that their role does not overlap with the existing care provided.

The key interventions of the RIR geriatrician when requested may include:

- Conducting comprehensive assessments of residents to evaluate their physical, cognitive, and functional health, identifying both acute and chronic conditions that may impact their well-being.
- Collaborating with the multidisciplinary team to develop and review individualized care plans that address the medical, psychological, and social needs of each resident.
- Providing expert consultation and guidance on managing complex medical conditions, polypharmacy, and frailty, with a focus on optimizing quality of life and minimizing unnecessary hospitalizations.
- Collaboration with nurses, GPs, allied health professionals, and care staff to ensure holistic, coordinated care that aligns with both clinical guidelines and the preferences of residents and their families.

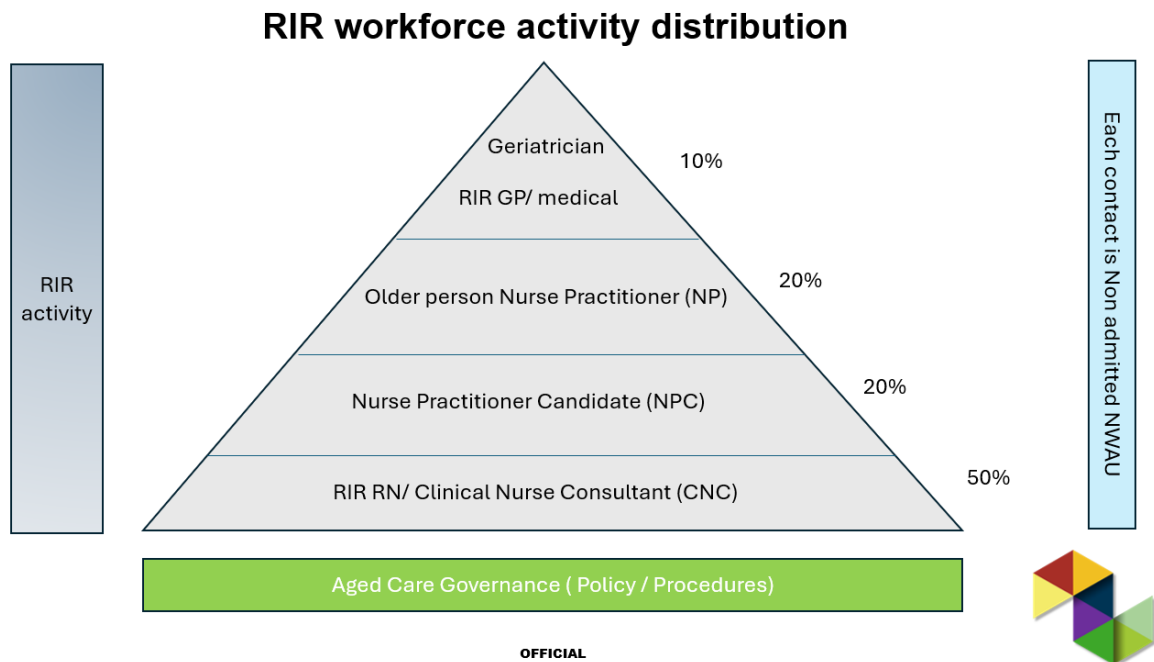
## **Physician trainees and RIR GPs**

As the regional RIR model evolves, Physician trainees and RIR GPs are likely to be integrated into the care team to support its growth and development.



## Workforce Resources for Consultation Distribution

In the RIR Nurse-Led Model of Care, the distribution of consultations is designed to optimize the expertise of various healthcare professionals. The Registered Nurse (RN) is responsible for completing approximately 50% of the triage and clinical assessments, providing essential frontline care. Nurse Practitioner candidates handle around 15-20% of the cases, contributing their advanced clinical skills. The Older Person Nurse Practitioner (NP) is involved in reviewing about 20% of referrals, focusing on more complex cases related to geriatric care. The Physician trainee/ RIR GP or Geriatrician reviews the most complex cases, addressing general medical concerns, estimated to comprise about 10% of the older adults referred to the service. This collaborative approach ensures comprehensive, tailored care for older persons, leveraging the strengths of each healthcare provider.



## 6. Integration with services

Effective care coordination is a core element of the RIR model, ensuring seamless communication and collaboration among multiple service providers. The RIR team, led by a RN, CNC, or NP, plays a central role in coordinating care across various services. This integration fosters timely, responsive, and person-centered care, helping to maintain continuity and reduce unnecessary hospital admissions. The RIR team works closely with all relevant providers, tailoring care to meet the specific needs of each resident while ensuring that their healthcare goals are consistently supported.

The RIR model interfaces with several services and systems to ensure comprehensive care:

- **General Practitioners (GPs)**

Regular communication with the residents GP ensures clinical decisions align with the resident's overall health plan, with GPs being actively involved in the development and adjustment of care plans.

- **Palliative care**

For residents with life-limiting conditions, integration with palliative care services offers expert advice on symptom management, ensuring comfort and dignity in end-of-life care.

- **Victorian Virtual Emergency Department (VVED)**

The RIR model works in partnership with VVED and facilitates integration with Hospital in the Home (HITH) services, allowing eligible residents to receive acute care in their residential setting.

- **ED / UCC**

The RIR service integrates with the Emergency Department by providing timely support and consultation for residents in aged care homes, helping to manage potential emergencies and avoid unnecessary hospital admissions. When an Emergency Department transfer is indicated and the RIR service is involved, RIR supports a smooth transition and appropriate care for residents in aged care homes.

- **Mental Health**

In the Grampians region, mental health support for residents in aged care homes is available through Grampians Health Mental Health Services, Uniting in Ballarat, and Grampians Community Health in the Wimmera. As the RIR model evolves, referral pathways for mental health support will be developed.

- **Community nursing**

Regional and rural District nursing and community services further enhance the support available to residents, ensuring coordinated and holistic care.

## 7. Governance

The Grampians Region RIR Redesign Steering Committee, made up of senior leaders from all health services in the Grampians region, primary care representatives, and researchers, oversees the implementation and monitoring of the RIR model. The committee meets monthly. Regular reports from the RIR project team ensure the committee is informed of progress, challenges, and achievements. Key performance indicators (KPIs) track outcomes like resource use, quality of care, risk, stakeholder engagement.

The RIR project lead coordinates the model, ensuring resources, timelines, and milestones are on track. The RIR and RACH leadership team and site clinical champions help ensure the model is followed and monitor its effectiveness.

The expert research team ensures the project maintains research integrity and follows best practices. The research team measure the effectiveness and cost effectiveness of the RIR model, ensuring ethical standards, including quality assurance, data oversight and integrity. Research protocols and methodology is followed throughout the research trial.

Procedures are in place for reporting issues, including communication with leadership and monitoring systems. When problems arise, incident reporting and corrective actions are used. Ongoing monitoring ensures changes are effective, with regular feedback loops to adjust strategies. If staff need more training or resources, these are provided. Regular meetings review progress, address concerns, and track solutions.

These structures and procedures ensure the RIR model is implemented, monitored, and adjusted to maintain high-quality care and improve outcomes.

## 8. Training and development

In the Grampians region RIR Model of Care, ongoing training and professional development for residential aged care staff will be supported through the dedicated efforts of the Residential In-Reach (RIR) team. The RIR team will play a key role in promoting and supporting continuous education to ensure that staff are equipped with the latest knowledge and skills in aged care.

Education opportunities will focus on best practices, emerging trends, and innovations in care, ensuring that all staff are well-informed and able to deliver high-quality services.

To further enhance learning, a RIR Community of Practice will be introduced, fostering peer collaboration and knowledge sharing. This community will serve as a platform for staff to engage in ongoing learning, exchange experiences, and stay informed about current guidelines and evidence-based practices, promoting a culture of continuous improvement and excellence in care delivery.

## 9. Quality and performance

Quality and performance will be measured through a combination of quantitative and qualitative data. Key performance indicators will include Emergency Department (ED) and Urgent Care Centre (UCC) presentation data, Referrals to In-Reach (RIR), telehealth consultation activity, VVED referrals, and qualitative feedback gathered from interviews with residents, their families, and staff from both the Residential In-Reach (RIR) and Residential Aged Care Homes (RACH).

Regular monitoring and review procedures will be in place to evaluate care practices, identify areas for improvement, and implement necessary adjustments. KPI data will provide comprehensive insights into the effectiveness and cost effectiveness of the care model and guide improvements in service delivery.

## 10. Implementation plan

With support from the DELIVER research team, we have used an implementation science framework in our approach, which includes strategies to support the adoption of the RIR model of care. Pre-implementation strategies may involve team meetings, audits, feedback, and appointing RIR champions to motivate peers and offer support. Key to the successful implementation of the new RIR model are consultations and communication with staff, training and educational support, additional resources and guidelines, and strong leadership and organisational support.

Throughout the RIR pilot implementation, meetings such as clinical huddles and leadership discussions will be introduced to evaluate the PDSA stages and drive improvements and implement any necessary changes to the model.

## 11. Evaluation

The evaluation of the Grampians region RIR Model of Care will involve systematic processes to assess its effectiveness through regular performance reviews and feedback mechanisms. Utilising the Plan-Do-Study-Act (PDSA) cycle during the pilot period, the model will undergo continuous evaluation, ensuring that interventions are aligned with desired outcomes. Feedback from residents, families, and staff, along with performance data, will be closely analysed by the DELIVER research team and through embedded monitoring and reporting processes to identify any areas that require improvement.

Based on this analysis, necessary adjustments will be made to optimize the model's effectiveness and ensure high-quality care is consistently delivered. This ongoing evaluation process will support a responsive and flexible model.

A full research trial in the Grampians region 'Evaluation of a region wide RIR program in regional and rural Health services: A stepped wedge trial' is planned to commence in April 2025, through the RIR redesign projects collaboration with the DELIVER research team. The Ethics protocol was recently submitted to the Human Research Ethics Committee (HREC).

## Appendix

DELIVER Evidence Summary report



DELIVER Evidence  
Summary RiR 16 07 2

Grampians Region Map of Health Service/ RACH/ UCC/ ED locations



GRHSP RiR Redesign  
Map with RACHs and

Grampians Region ED and UCC locations list



Grampians region ED  
and UCC locations Nc

Grampians region RIR referral pathway tool V 1.0



Grampians Region  
RIR Referral pathway-

Conditions to refer to Grampians region RIR V 1.0



RIR conditions to  
refer to RIR- V 1.0 6th

Grampians region RIR Telehealth guidelines V 1.0 (for RIR team)



Grampians region  
RIR Telehealth guideli

Telehealth assessment form V 1.0 ( For RIR team use)



Telehealth  
assessment form -Gra

Grampians Region RIR referral form ( For referrer use)



Grampians Region  
RIR referral form V 1.0