Ageing in the Outback™

IMPLEMENTATION PLAN 2024-2025

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AGEING in the OUTBACK

Contents

Executive summary 3

Strategy on a page 5

Ambition 1: Redefining engagement 8

Ambition 2: Improving navigation 12

Ambition 3: Enhancing access 16

Useful Acronyms 22

Western Queensland Primary Health Network (WQPHN) acknowledges the Aboriginal and Torres Strait Islander traditional custodians on whose land we walk, work and live across Western Queensland. We acknowledge the stories, traditions and living culture and their continuing connection to the land and waters of our catchment. We pay respect to Elders past and present and commit to building respectful and inclusive partnerships with Aboriginal and Torres Strait Islander peoples to improve health outcomes in our region.

Executive summary

The purpose of this implementation plan is to guide the delivery of Ageing in the Outback™: A strategy for Western Queensland 2024-2026.

This plan outlines how we will advance our vision for all older persons in Western Queensland to have access to informed, evidence-based healthcare services to support personal decision making and opportunities to optimise wellbeing.

Building on the Ageing in the Outback™ Preliminary Report, our strategy and implementation plan is informed by relevant international, national and state policies and frameworks; population health data from the WQPHN health needs assessment and purposeful community and stakeholder engagement.

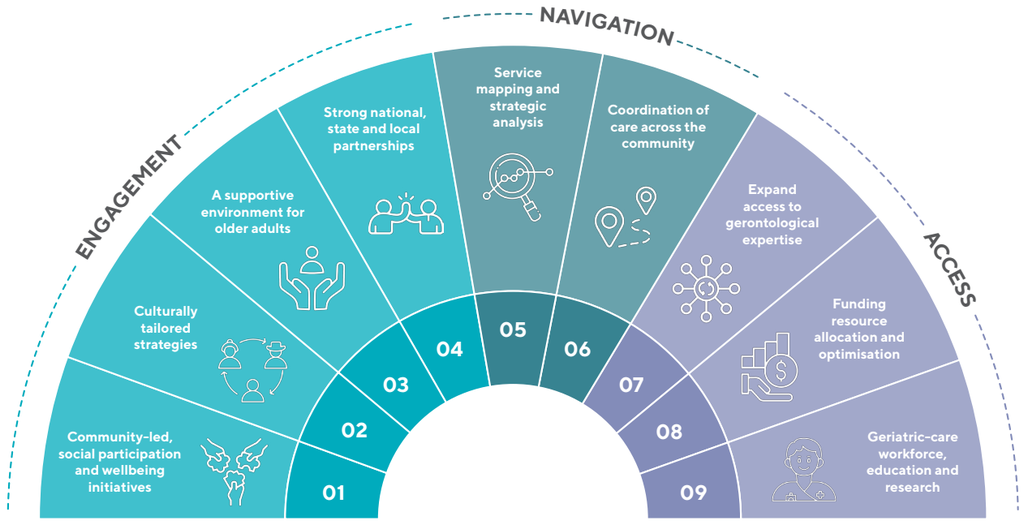
The plan reflects the Western Queensland context and a comprehensive understanding of the unique needs and challenges facing our wide ranging and diverse rural, remote and very remote communities and cultures. Implementation maintains a strong focus on health equity including equity of access for vulnerable and priority population groups.

The actions within the plan are presented under nine Priority Areas in alignment with WQPHN's three overarching ambitions for Healthy Outback Communities:

Ambition 1
Redefining Engagment

Ambition 2
Improving Navigation

Ambition3
Enhancing Access



Embracing the principles of universal wellbeing and value-based health care, this strategy provides a clear framework for achieving our vision while ensuring an integrated, person-centred approach across WQPHN's key strategies, supporting programs and initiatives.

Continued collaboration with our partners and stakeholders in the community will be vital to our progress, given the interconnected nature of our region's workforce and broader determinants of health and wellbeing. We look forward to working in genuine partnership to bring this plan to life, to improve the lives of older people, their families and their communities.

This is a 12-month plan that will be updated regularly to document additional initiatives to address local community needs and priorities.

AGEING in the OUTBACK

Our vision

For all older persons in Western Queensland to have access to informed, evidence-based healthcare services to support personal decision making and opportunities to optimise wellbeing.

Our goals for this plan

To guide our work and priorities for healthy ageing in Western Queensland.

To provide our partners and stakeholders with a shared understanding and direction for collective action.

Strategy on a page

AGEING IN THE OUTBACK™

A Strategy for Western Queensland 2024-2026

VISION

All older persons in Western Queensland have access to informed, evidence-based healthcare services to support personal decision making and opportunities to optimise wellbeing.

AMBITION 1

Redefining engagement

Strategies to improve social inclusion such as community-based interventions and services that focus on building social connections can alleviate loneliness and improve mental health in rural, remote and very remote regions.

AMBITION 2

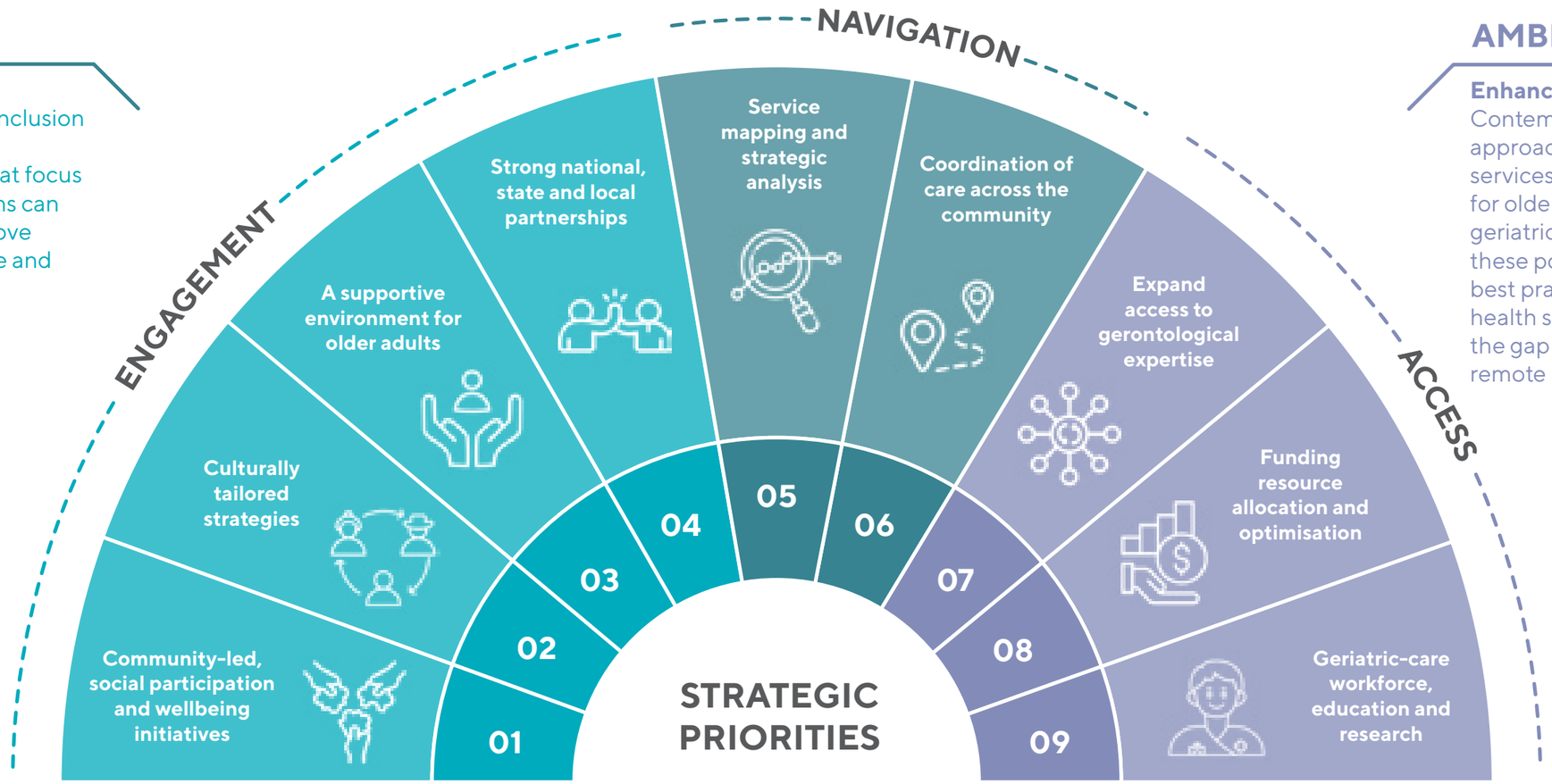
Improving navigation

Incorporating evidence-based geriatric assessment tools in primary care helps streamline care by identifying geriatric syndromes early, allowing for targeted interventions.

AMBITION 3

Enhancing access

Contemporary alternative approaches, such as telehealth services, can improve access to care for older people. Bringing specialist geriatric-care services closer to these populations and promoting best practice education for primary health staff are essential for bridging the gap in rural, remote and very remote healthcare.



Guiding principles: Integrating universal wellbeing to complement value-based health care. Person and community-led, place-based approach

International, national and state policy alignment: UN Decade of Healthy Ageing (2021-2030) - World Health Organisation; The Australian National Aged Care Advisory Council; Healthy Ageing A Strategy for Older Queenslanders - Queensland Health

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Ambition 1:
Redefining engagement

Social engagement for older adults in rural areas is vital for wellbeing. Social isolation can be a significant issue for elderly people living in rural, remote and very remote parts of Western Queensland.

Strategies to improve social inclusion such as community-based interventions and services that focus on building social connections can reduce isolation, alleviate loneliness and improve mental health.

Priority Area 1:

Community-led, social participation and wellbeing initiatives

Encourage older people to participate in social activities that enhance their physical and mental wellbeing.

Actions

1.1 Encourage older people to participate in balance, strength and resistance training physical activity.

1.2 Encourage participation in socially inclusive activities that promote healthy eating and wellbeing.

1.3 Promote participation in local Parkrun events.

1.4 Develop a dynamic implementation plan adaptable to individual communities.

Strength and resistance training in Western Queensland

Priority Area 2:

Culturally tailored strategies

Develop aged care strategies tailored to the needs of Western Queensland's diverse cultural groups including First Nations people, CALD communities and the LGBTQIA+ population.

Actions

2.1 Understand the specific care requirements of the First Nations people by working closely with the Nukal Murra Alliance.

2.2 Develop strategies for CALD (culturally and linguistically diverse) populations.

2.3 Develop aged care strategies specific to the LGBTQIA+ population.

Priority Area 3:

A supportive environment for older adults

Create a supportive environment that addresses ageism, fosters dementia-friendly communities and protects against elder abuse.

Actions

3.1 Commit to actions and language that address ageism against older people.

3.2 Introduce or enhance the Dementia-friendly principles and Age-friendly principles in local communities.

3.3 Promote understanding of health professionals' responsibilities concerning Advance Care Planning (ACP), Advance Health Directives (AHD), decision-making competency and related legal frameworks.

3.4 Support and advocate for the identification of elder abuse or neglect and provide access to assessment and intervention agencies.

Priority Area 4:

Strong national, state and local partnerships

Foster strong partnerships with organisations, local government and academia to promote evidence-based wellbeing and conduct targeted research

Actions

4.1 Join and promote engagement with dynamic national and state organisations that promote evidence-based wellbeing for older people. For example: Australian Association of Gerontology (AAG), Australian Frailty Network (AFN), Queensland Dementia Ageing and Frailty Network (QDAF) and the Gerontological Alliance of Nurses Australia (GANA).

4.2 Build regional partnerships with local government and HHSs across commissioning localities.

4.3 Establish/consider partnerships with academia for targeted research on ageing, geriatric syndromes, and service delivery in rural and remote settings.

4.4 Provide opportunity for older people in Western Queensland to participate in national, state and local consumer advisory groups.

Ambition 2:
Improving navigation

Navigating healthcare systems in rural areas can be particularly challenging for older adults.

Incorporating evidence-based geriatric assessment tools in primary care helps streamline care by identifying geriatric syndromes early, allowing for targeted interventions.

Such tools can be integrated into routine screenings in rural health settings, improving the overall quality of care and reducing morbidity among older populations.

Priority Area 5:

Service mapping and strategic analysis

Conduct comprehensive service mapping and analysis to identify gaps, optimise care coordination and inform best practice service delivery.

Actions

5.1 Conduct comprehensive service mapping of aged care services within the WQPHN commissioning localities.

5.2 Develop a gap analysis report with consumer consultation.

5.3 Map the use of Aged Care bed licenses and long stay beds in local multi-purpose health services.

5.4 Map current clinical interactions and opportunities between GPs and Geriatricians to enhance care coordination.

5.5 Access My Aged Care with streamlined care finder processes.

5.6 Source data/research to inform the transit of older people moving through Western Queensland e.g. RFDS retrievals.

5.7 Map oral health services available to older people, given that poor dentition and oral health are known precursors to frailty.

5.8 Undertake a targeted literature review to inform best practice aged care delivery in rural and remote settings.

5.9 Gain input from General Practitioners, Primary Health Care practice managers, nurses, allied health professionals and the RFDS (Queensland Section) to better understand barriers to best practice geriatric care.

5.10 Scope potential enhancements in the relationship with Nurse Navigators (NNs) to reduce duplication and minimise fragmentation of care.

Healthy Outback Communities Launch, Windorah, Barcoo Shire

Priority Area 6:

Older persons coordination of care across the community

Enhance care coordination by understanding Aged Care Act implications, promoting gerontological best practice and supporting the WQPHN Aged Care Coordinator.

Actions

6.1 Understand policy implications of the new Aged Care Act on service delivery for older people across the care continuum.

6.2 Expand and promote contemporary gerontological best practice through Health Pathways.

6.3 Support for the WQPHN Aged Care Coordinator to enhance care and service provision.

6.4 Optimise the usage of the Care Finder Supplementary Needs Assessment reporting template.

Ambition 3:
Enhancing access

Access to healthcare in rural areas is often limited by geographic and technological barriers.

Innovative approaches such as telehealth services and the use of evidence-based screening tools can significantly improve access to care for older adults.

Programs that focus on bringing specialist geriatric-care services closer to these populations and promoting best practice education for primary health staff are essential for bridging the gap in rural healthcare.

Priority Area 7:
Expand access to gerontological expertise

Expand access to gerontological expertise through telehealth, out-of-hours support and expanded geriatric services.

Actions

7.1 Support RACFs to increase telehealth care availability for aged care residents.

7.2 Enhance out-of-hours support for RACFs.

7.3 Explore expansion of geriatric care services further west and increase frequency of outpatient department (OPD) clinics.

Priority Area 8:
Funding resource allocation and optimisation

Advocate for increased funding and optimise resource allocation to improve equity of care including exploring new funding mechanisms.

Actions

8.1 Advocate for comprehensive health assessment item numbers for people over 65 years.

8.2 Explore funding mechanisms around geriatric care provision.

8.3 Submit proposals to promote equity of care for older people in the WQPHN region.

8.4 Optimise use of Chronic Disease GP Management Plans and Team Care Arrangements before approvals for CHSP and/or HCP are in place.

Expand access to gerontological expertise through telehealth, out-of-hours support and expanded geriatric services.

Priority Area 9:

A supportive environment for older adults

Develop a specialist geriatric-care workforce and promote education and research to ensure high-quality care that addresses complex needs.

Actions

9.1 Develop a specialist geriatric-care workforce (including geriatricians, nurses, and allied health professionals), ensuring older adults in rural and remote areas have access to highly specialised care tailored to their unique needs.

9.2 Promote best practice education for primary health staff, including enrolment in courses like those from the Wicking Institute.

9.3 Encourage RACF (Residential Aged Care Facility) nurses to join the Gerontological Alliance of Nurses (GANA) for mentorship and specialised training.

9.4 Expand the context of care beyond chronic disease to include geriatric syndromes, such as frailty and dementia. Guide healthcare professionals to recognise and manage the complex needs associated with geriatric syndromes.

9.5 Promote the use of the ADNeT Memory and Cognition Clinic Guidelines and participation in the ADNeT Registry.

Develop a specialist geriatric-care workforce and promote education and research to ensure high-quality care that addresses complex needs.

Useful Acronyms

AAG	Australian Association of Gerontology
ABF	Activity Based Funding
ACAT	Aged Care Assessment Team
ACH	Assistance with Care and Housing
ACP	Advance Care Planning
AHD	Advance Health Directive
ADA	Aged and Disability Advocates
ADNeT	Australian Dementia Network
AG	Australian Government
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CGA	Comprehensive Geriatric Assessment
CHSP	Commonwealth Home Support Program
CNC	Clinical Nurse Consultant
COTA	Council on the Ageing
CPI	Consumer Price Index
CWHHS	Central West Hospital and Health Service
DA	Dementia Australia
DoHAC	Department of Health and Aged Care
DSA	Dementia Support Australia
DTA	Dementia Training Australia
GANA	Gerontological Alliance of Nurses Australia
HCP	Home Care Package
HHS	Hospital and Health Service
IHACPA	Independent Health and Aged Care Pricing Authority
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, ntersex, Asexual and others
MAC	My Aged Care
MBS	Medicare Benefits Schedule
MICDA	Mount Isa Community Development Association
MCI	Mild Cognitive Impairment
MMM	Modified Monash Model
MPHS	Muli Purpose Health Service
MSHHS	Metro South Hospital and Health Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NN	Nurse Navigator
NWHHS	North West Hospital and Health Service
OCNMO	Office of the Chief Nurse and Midwifery Officer
PAH	Princess Alexandra Hospital
QCAT	Queensland Civil and Administrative Tribunal
QDAF	Queensland Dementia Ageing and Frailty Network
QG	Queensland Government
QH	Queensland Health
RACF	Residential Aged Care Facility
RAS	Regional Assessment Service
RaSS	RACF Support Service
RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners
RFDS	Royal Flying Doctor Service
STRC	Short Term Restorative Care
SWHHS	South West Hospital and Health Service
TCP	Transition Care Program
THHS	Townsville Hospital and Health Service
UN	United Nations
UTAS	University of Tasmania
WHO	World Health Organisation
WQPHN	Western Queensland Primary Health Network

Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.

Australian Government

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