



*ballarat & district  
division of general practice inc.*

**Ongoing Support and  
Involvement from the Division**

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# Recommendations from the CMA Nurse Pilot Project

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## **Recommendations were centred on 3 key areas...**

- Communication
- Information Management
- Implementing and sustaining the new approach



## Recommendations (continued)

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**... and considered from 3 different perspectives:**

- BDDGP
- Aged Care Facilities
- General Practice

# Recommendations for BDDGP

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- Resources available to all stakeholders on website
- Develop a working party to continue reviewing and monitoring progress – representatives from Practice Nurses, Aged Care Facilities and the Division
- Training to GPs, Practice Nurse and all the other Aged Care facilities who were not involved in the trial
- Mentoring to be available to Practice Nurses
- Provide possible models for using Practice Nurses to General Practice



# Recommendations for Aged Care Facilities

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Aged Care Facilities to have a designated person to:

- coordinate scheduling of CMA nurse visits
- ensure the relevant documentation is completed and available to CMA nurse
- be a point of contact and liaison with CMA nurse for ACF requirements and the General Practitioner visits, needs, information etc.



# Recommendations for General Practice

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- Ensure all relevant information is in clinical software before referral
- GPs to provide all relevant information with referral to CMA Nurse
- General Practice Teams to ensure a data base is established and recalls are undertaken
- Commit to the idea of helping to sustain a consistent, workable regional approach for undertaking CMAs and working with ACFs
- Ensure that ACFs receive a signed copy of the CMA within the agreed time frames



# Recommendations - Communication

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Consistent use of language and terminology across the region

- Develop a glossary of terms
- Develop protocols for communication approaches to Aged Care Facilities by GPs and Practice Nurses and vice versa
- Maintain a no-blame approach in communication – what's working and why; what's not working – why not? Can it be fixed on site? Refer on?
- Promote the idea of sharing resources and information and working together



# Recommendations – Information Management

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- Develop an electronic source for resources to be available to all interested parties
- Review issues such as: managing the combination of paper and electronic information; how information could be streamlined; who has ownership
- Secure transfer of information between ACFs and General Practice;
- Tracking progress of CMAs through the system



# Implementing and Sustaining the New Approach

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- Scheduling of visits by CMA Nurses to Aged Care Facilities
- Use of working party to addressing issues such as
  - Pharmacists coping with a possible increase in RMMR referrals
- CMA nurses working within the service delivery model
- Develop a network group for Practice Nurses doing CMAs?
- Ongoing provision of Information
- Review further training requirements of CMA nurses and ACF staff



## ...and finally

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- We need to examine and analyse the clinical data collected during the project trial phase
- Incorporate findings and complete reports
- Promote findings to GPs, Practice Nurses and Aged Care Facilities in the region
- Long-term aim: monitor the health outcomes of the residents who will have CMAs completed - how effective are CMAs in enhancing clinical care?

