Health
Northern Sydney
Local Health District
NSW GOVERNMENT

phn NORTHERN SYDNEY
An Australian Government Initiative

SYDNEY NORTH Health Network

DETECT for RACF – Recognising and managing the Deteriorating Resident

Sydney North Health Network (SNHN) and Northern Sydney Local Health District (NSLHD) invites Residential Aged Care Facility (RACF) staff to attend a training afternoon on the Detecting and managing the deteriorating resident.

The afternoon will provide training on how to complete an A-G patient assessment, how to use the Deteriorating Resident Flip Chart, ISBAR communication skills and provide access to the online learning module.

DATE:

Tuesday 24 September 2019

TIME:

1:45pm Registration
2:00pm – 4:00pm Training

VENUE:

Meeting room
Beachside Rehab Building (BRU)
Coronation Street, Mona Vale
(behind Mona Vale Urgent Care Centre)

COST

No cost for RACF staff practising within the SNPHN region

CONTACT:

Judy or Robi from the Education Team on 9432 8250

Speakers & Learning Objectives

Speakers

Deb Clark, Care Coordination Commissioning Manager, SNHN
Joanne Lange, BRACE Clinical Nurse Consultant
Joanne Rainback, Palliative Care CNS, HammondCare

Learning Objectives

- Performing an acute assessment of a deteriorating resident (ABCDEFG)
- Identifying symptoms that require immediate action
- How to use the flip chart and action urgent care when appropriate
- Utilising ISBAR to communicate relevant information to other health practitioners
- How to access the online module for self-guided education

The BRACE (Beaches Rapid Access Care of the Elderly) team's role is to support the RACF staff & their treating GP's in accessing timely & appropriate care for residents who have acute cognitive or physical decline & are at risk of hospital admission.

BOOK EARLY AS THIS TRAINING IS LIMITED TO 30 PARTICIPANTS

Registration

To register, please submit this completed form to events@snhn.org.au or fax to 02 8088 4770.

Aged Care Facility Name: _____

Participant Name, Email & Mobile: _____
_____ Dietary Requirements: _____

Manager's Name, Email & Phone Number: _____
_____

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