



Palliative Care Support Package Procedure

1. Guiding Principles

Effective: 20 May 2022

Aligns with the WA End-of-life and Palliative Care Strategy 2018-2028. Delivering equitable end-of-life and palliative care across regional WA is challenging.

The procedure provides direction for the provision of community-based support services for palliative care patients who are under the care of the Regional Specialist Palliative Care Team (RSPCT), approaching end of life, and their wish is to receive care to die on country or at home. Eligibility criteria include the following:

- Palliative care patients under the management of the RSPCT.
- Palliative care patients who are waiting for a National Disability Insurance Scheme (NDIS) access decision or approved NDIS plan or Home Care Package (HCP) to commence.
- Palliative care patients, who are at risk of hospital or residential aged care admission because of no access to community services.
- Palliative care patients who have been tested and assessed as not eligible for NDIS or HCP.
- Palliative care patients for whom supports provided via NDIS or HCP community care packages do not meet their palliative care needs in its entirety.
- Palliative care patients who are deteriorating too quickly to progress an application with NDIS or Aged Care Assessment Team (ACAT).
- Paediatric palliative care patients who are at risk of hospital admission.
- Palliative care patients who have no or limited informal carers to assist with their palliative care needs.

The patient must be assessed using [MR722.2 WACHS Palliative Care Outcomes Measures tool](#) which includes the:

- Clinician Rated Score:
 - Phase of Illness – Stable, Unstable, Deteriorating, Terminal, Bereaved
 - Resource Utilisations Groups – Activities of Daily Living (RUG-ADL) dependency – for bed mobility, toileting and transfers; and for eating
 - Problem Severity Score Actions - 4 domains – pain, other symptoms, psychological/spiritual and Family/carer
 - Australia-modified Karnofsky Performance Status (AKPS) – clinician rated assessment of performance relating to work, activity and self-care.
- Patient rated score:
 - Symptom assessment scale – patient rates experience of symptom distress over a 24-hour period.

2. Procedure

- 2.1 Refer to the step by step [PCSP guide](#).
- 2.2 The Specialist Regional Palliative Care Clinician assesses the patient's circumstances, to identify pathway options for accessing homecare support.
- 2.3 When NDIS and HCP are assessed as viable options, support is provided to the patient to make an application for relevant funding.
- 2.4 In circumstances where the patient is deteriorating too quickly to make an application for NDIS or HCP this should be clearly indicated in the application.
- 2.5 Discuss with the Multi-disciplinary Team (MDT) including consideration of a Specialist Palliative Care Physician consult when there is complex symptom management, treatment or prognostic uncertainty.
- 2.6 Where the patient's circumstances fit the criteria for other funding pathways, the Clinician will assist with applications.
- 2.7 An application can also be made if the patient's current AKPS is around 50 and RUG- ADL over 8. These thresholds are flexible if the patient is on a rapid trajectory of decline. A Clinician's assessment of the AKPS and RUG-ADL score of two weeks prior needs to be submitted for consideration.
- 2.8 If the Clinician assesses the patient's needs and determines they are urgent, exceptional, complex or compassionate circumstances prevail, an application can occur. These may be identified as but not limited to:
 - Financial hardships / lack of capacity to pay for own support
 - Complex clinical needs
 - Inadequate family and carer / informal support
 - Social isolation
 - At risk of abuse by carer
 - Lack of flexibility of support to meet care needs
 - Ineligibility /access barriers to other supports
 - Risk of avoidable admission or adverse health outcomes if care needs are unmet
 - Seeking a co-funded arrangement.
- 2.9 Clinician to liaise with local service provider of patient's choice to obtain a quote of services.
- 2.10 If there are no local service provider option, the Clinician can liaise with their local regional team to request the services through WACHS health service sites which include patient care assistants, Aboriginal health workers and/or nurses.
- 2.11 Communication of application outcome by the Coordinator of Nursing – Palliative Care or their delegate will be conveyed to the SRPCT/regional Clinician within two business days.
- 2.12 The PCSP will initially be approved for 6 weeks in total, with review at 4 weeks to determine future care needs. This can be put on hold during a hospitalisation and resume after discharge.
- 2.13 Any extension longer than 12 weeks will need Executive Director of Nursing and Midwifery (EDNM) approval.
- 2.14 Requests can be revised for up to an additional \$5000 to respond to changing needs of the approved PCSP.

3. Definitions

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| AKPS | The Australian-modified Karnofsky Performance Scale, a measure of the patient's overall performance status or ability to perform their activities of daily living. |
| Clinician | Any member of the regional specialist palliative care team who has direct involvement with the patient. |
| Co-funded | An arrangement in which the patient/family contribute to the care costs of PCSP or HCP. This can occur in circumstances in which the family can afford to contribute, or when the care request is in excess of the funding that is usually provided. |
| HCP | Home Care Packages are a Commonwealth funded support for older Australians with more complex care needs. Over 65 years or 50 years for (Aboriginal and/or Torres Strait Islander) ATSI. |
| NDIS | The National Disability Insurance Scheme is a scheme by the Australian Government that funds support and services associated with disability. Under 65 years or 50 years for (Aboriginal and/or Torres Strait Islander) ATSI. |
| Palliative Care | WHO Definition of Palliative Care. |
| Palliative Care Program | Central Palliative Care Program team to guide and support the growth and delivery of regional palliative care services. |
| SRPCT | Specialist Regional Palliative Care Team A specialist palliative care service consisting of clinical nurses, social work and Aboriginal health workers. |
| RUG-ADL | Resource Utilisation Group Activities Daily Living (RUG-ADL) Inform us about the patient's functional status, the assistance they require to carry out these activities and the resources needed for the patient's care. |

4. Roles and Responsibilities

- 4.1 The Clinician assists the patient, family and carer to apply for the PCSP; compiles the needs assessment.
- 4.2 Regional Palliative Care Manager approves application prior to central office review.
- 4.3 The Palliative Care Program Coordinator of Nursing endorses the application.
- 4.4 Any application that is outside of the delegation schedule and/or greater than 12 weeks will need approval from the WACHS Executive Director of Nursing and Midwifery (EDNM)
- 4.5 Monthly reports of the PCSP outcomes are to be provided to the EDNM
- 4.6 The Regional Clinician liaises with the service providers to ensure that community services are rendered as soon as the approval is received.
- 4.7 If there are no local service providers, the Clinician will liaise within the local

regional team to facilitate the delivery of services through WACHS Multi-Purpose Service (MPS) workers.

- 4.8 Invoice received process at regional site, final approval at Central Office.

5. Compliance

Regional Palliative Care Managers are required to:

- Ensure that appropriate training and education are provided regarding adherence to the procedure including clinical assessment tools and recording patient information in ePalCIS.
- Monitor that the process as stipulated in the procedure is followed to its entirety and all WACHS staff are reminded that compliance with all policies and guidelines is mandatory.

Failure to comply with this policy document may constitute a breach of the WA HealthCode of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation, audit and feedback processes are to be in place to monitor compliance. Results are to be monitored through site, regional and area governance mechanisms.

8. Standards

[National Safety and Quality Health Service Standards](#) 2.4, 2.8, 2.9, 2.10

9. Legislation

[Aboriginal Communities Act 1979](#) (WA)
[Medicines and Poisons Act 2014](#) (WA)
[Voluntary Assisted Dying Act 2019](#) (WA)

10. References

1. National Health and Medical Research Council. [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#) Canberra, ACT: NHMRC; 2019. [Accessed 6 December 2021]
2. Australian Commission on Safety and Quality in Health Care, 2013. [Safety and Quality of End-of-life Care in Acute Hospitals: A Background Paper](#).

- ACSQHC, Sydney. [Accessed 6 December 2021]
3. Australian Institute of Health and Welfare, 2017a. Palliative care services in Australia – Service provided by palliative medicine specialists. AIHW, Canberra
 4. Dean E. Smooth transitions. Nursing standard (Royal College of Nursing (Great Britain): 1987). Feb 13-19, 2013;27(24):20-22
 5. Australian Commission for Safety and Quality in Health Care. [National Safety and Quality Health Service Standards Second Edition](#). Sydney, NSW: Australian Commission for Safety and Quality in Health Care; 2017. [Accessed 6 December 2021]

11. Related Forms

CPDP MR723.1 [State CPDP Community – Care Plan for Dying](#)
MR66.10.1 [WACHS Non-Acute Resource Utilisation Group - Activities of Daily Living \(RUG-ADL\) Assessment](#)
MR722.1 [WACHS Palliative Care Admission](#)
MR722.2 [WACHS Palliative Care Outcomes Measures](#)
MR722.3 [WACHS Palliative Care Plan](#)
[Regional Specialist Palliative Care Referral Form \(Jul 2020\)](#)

12. Related Policy Documents

[Palliative Care Outcomes Collaboration – Clinical Manual](#)
[Goals of Patient Care](#)

13. Related WA Health System Policies

MP 0051/17 [WA Health System Language Services Policy](#)
MP 0086/18 [Recognising and Responding to Acute Deterioration Policy](#)
MR 0149/20 [Terms of Employment of Interpreters Policy](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)

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