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# Palliative Care Support Package Procedure

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## 1. Purpose

The purpose of this procedure is to provide direction for the provision of community-based support services for 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 and to die on country or at home. It aligns with the WA End-of-life and Palliative Care Strategy 2018-2028 and the WA Country Health Service (WACHS) Palliative and End-of-Life Care Strategy 2024-28.

## 2. Procedure

### 2.1 Eligibility Criteria

Eligibility criteria includes people with palliative care needs who:

- are **a known patient** of the RSPCT, and
- are approaching end of life and are at risk of an unwanted admission to hospital or residential aged care because of limited access to formal and informal carers.

This includes people who:

- are waiting the commencement of Commonwealth funded services
- are not eligible for National Disability Insurance Scheme (NDIS) or Aged Care services
- are deteriorating too quickly for NDIS or Aged Care service assessments
- supports provided via NDIS or Aged Care services do not meet their palliative care needs
- are paediatric and are at risk of hospital admission.

### 2.2 Palliative Care Support Package Guide

Refer to the step by step: [Palliative Care Support Package Flowchart](#).

### 2.3 Assessment

The patient must be assessed using [MR722.2 WACHS Palliative Care Outcome Measures](#) assessment tools and the following:

- The Regional Specialist Palliative Care Clinician assesses the patient's circumstances, to identify pathway options for accessing the required support.
- When NDIS and Home Care Package (HCP) are assessed as viable options, support is provided to the patient to make an application through these funding sources.
- In circumstances where the patient is deteriorating too quickly to apply for NDIS or a HCP, this should be clearly indicated in the PCSP application and discussed with the Multi-disciplinary Team (MDT), including consideration of a Specialist Palliative Care Physician consultation, when there is complex symptom management, treatment, or prognostic uncertainty.
- The CSNAT tool should be completed when required.

## 2.4 Request for Quote

Prior to any service commencing, the service provider must have returned a Very Simple Request for Quote form (VSRQF) and schedule of fees to the Palliative Care Program (PCP) by following the [Request for Quote Flowchart](#).

## 2.5 Request for Services

The following outlines the steps to be taken when submitting a request for service:

- Clinician liaises with local service provider of patient's choice to confirm availability of services. If there is no local service provider, the Clinician to liaise the PCP Senior Program Officer to explore other options. This may include liaison within the local hospital manager to facilitate the delivery of services through WACHS Multi- Purpose Service (MPS) workers.
- The PCSP will initially be approved for 6 weeks/or until funds have been spent, with a review at 4 weeks to determine future care needs.
- Communication of application outcome by the designated PCP Senior Program Officer (or their delegate) will be conveyed to the RSPCT/regional Clinician within two business days.
- The package can be put on hold during a hospitalisation and resume after discharge to complete the approved entitlement.
- The clinician must check the invoice prior to being processed.

## 3. Roles and Responsibilities

The **Regional Palliative Care Manager** (or delegate) is responsible for approving applications prior to review by the PCP delegate.

The **Palliative Care Program Senior Program Officer** (or delegate) is responsible for endorsing the application according to the [WACHS Authorisation Schedule](#).

The **Palliative Care Program Coordinator of Nursing** (or delegate) is responsible for approving applications according to the [WACHS Authorisation Schedule](#).

The **Clinician** is responsible for assisting the patient, family and carer to apply for the PCSP, compiles the initial needs assessment and completes the scheduled review of future needs. They liaise with the service providers to ensure that community services are rendered as soon as the approval is received.

The **Administration Officer** is responsible for processing the invoice and updating the [PCSP spreadsheet](#).

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring and evaluation of this procedure is to be carried out by the Regional Palliative Care Managers ensuring that:

- appropriate training and education is provided regarding adherence to the procedure including clinical assessment tools
- monitoring of the process as stipulated in the procedure is followed to its entirety.
- 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
- six monthly reports of the PCSP outcomes are to be provided to the PCP Reference Group and Palliative Care Clinical Governance committees.

## 5. References

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).

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).

Australian Institute of Health and Welfare, 2017a. Palliative care services in Australia – Service provided by palliative medicine specialists. AIHW, Canberra  
 Dean E. Smooth transitions. Nursing standard (Royal College of Nursing (Great Britain): 1987). Feb 13-19, 2013;27(24):20-22.

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).

World Health Organization. Palliative Care. WHO. 2024 (Accessed 28 June 2024).

## 6. Definitions

Term	Definition
<b>Australian-modified Karnofsky Performance Scale</b>	The Australian-modified Karnofsky Performance Scale (AKSP) is a measure of the patient’s overall performance status or ability to perform their activities of daily living as assessed by the Clinician.
<b>Clinician</b>	Any member of the RSPT who has direct involvement with the patient care.
<b>Co-funded</b>	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.
<b>Home Care Packages</b>	Home Care Packages (HCPs) are Commonwealth funded support packages for older Australians with complex care needs. The person must be over 65 years or 50 years for Aboriginal and/or Torres Strait Islander (ATSI) people.

<b>National Disability Insurance Scheme</b>	The National Disability Insurance Scheme (NDIS) is a Commonwealth scheme that funds support and services associated with disability. The person must be under 65 years or 50 years for Aboriginal and/or Torres Strait Islander (ATSI) people.
<b>Palliative Care</b>	Palliative care is a crucial part of integrated, people-centred health services at the end of life. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility. Thus, whether the cause of suffering is cardiovascular disease, cancer, major organ failure, drug-resistant tuberculosis, severe burns, end-stage chronic illness, acute trauma, extreme birth prematurity or extreme frailty of old age, palliative care may be needed and has to be available at all levels of care.
<b>Palliative Care Program</b>	Palliative Care Program (PCP) team guide and support the growth and delivery of regional palliative care services in Western Australia.
<b>Regional Specialist Palliative Care Team</b>	Regional Specialist Palliative Care Team (RSPCT) is a specialist palliative care service consisting of clinical nurses, social work and Aboriginal health workers.
<b>Resource Utilisation Group Activities Daily Living</b>	Resource Utilisation Group Activities Daily Living (RUG-ADL) score is a measure of the patient's functional status, the assistance they require to carry out these activities and the resources needed for the patient's care as assessed by the Clinician.
<b>Schedule of Fees</b>	A service provider's price guide for the delivery of services.
<b>Very Simple Request for Quote Form</b>	Very Simple Request for Quote Form for purchasing goods, services and simple maintenance works services that are low risk, low complexity and valued up to \$50,000 (GST inclusive).

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	Regional Specialist Palliate Care Team
<b>Records Management</b>	Non Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Aboriginal Communities Act 1979</a> (WA) <a href="#">Aged Care Act 1997</a> (Cth)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0025/16 <a href="#">Industrial Relations Policy</a></li> <li>• MP 0051/17 <a href="#">Language Services Policy</a></li> <li>• MP 0161/21 <a href="#">Procurement and Contract Management Policy</a></li> <li>• MP 0171/22 <a href="#">Recognising and Responding to Acute Deterioration Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Aged Care Criminal Record Screening Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Aboriginal End of Life and Palliative Care Framework</a></li> <li>• DoH <a href="#">Goals of Patient Care</a></li> <li>• DHAC <a href="#">Palliative Care Outcomes Collaboration – Clinical Manual</a></li> <li>• <a href="#">WA Aboriginal Health and Wellbeing Framework 2015-2030</a></li> <li>• <a href="#">WACHS Authorisation Schedule</a></li> <li>• <a href="#">WACHS Palliative Care and End of Life Strategy 2024-2028</a></li> <li>• WACHS <a href="#">Palliative Care Support Package Flowchart</a></li> <li>• WACHS <a href="#">VSQR – Request for Quote Flowchart</a></li> <li>• <a href="#">Western Australian Paediatric Strategy for Endo of Life and Palliative Cre 2021-2028</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">CPDP MR723.1 State CPDP Community – Care Plan for Dying</a></li> <li>• <a href="#">MR66.10.1 WACHS Non-Acute Resource Utilisation Group – Activities of Daily Living (RUG-ADL) Assessment</a></li> <li>• <a href="#">MR722.1 WACHS Palliative Care Admission</a></li> <li>• <a href="#">MR722.2 WACHS Palliative Care Outcomes Measures</a></li> <li>• <a href="#">MR722.3 WACHS Palliative Care Plan</a></li> <li>• <a href="#">Very Simple Request for Quote form</a></li> <li>• WACHS <a href="#">Regional Specialist Palliative Care Referral Form</a> (July 2020)</li> </ul>
<b>Related Training</b>	Nil

<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3662
<b><u>National Safety and Quality Health Service (NSQHS) Standards</u></b>	2.4, 2.8. 2.9, 2.10
<b><u>Aged Care Quality Standards</u></b>	Nil
<b><u>Chief Psychiatrist's Standards for Clinical Care</u></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
3.00	29 April 2025	29 April 2025	<ul style="list-style-type: none"> <li>amendments to reflect change in criteria for PCSP to ensure equity and access throughout more remote and regional areas.</li> </ul>

## 9. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery Services
<b>Co-approver</b>	Executive Director Clinical Excellence Chief Operating Officer
<b>Contact</b>	Coordinator of Nursing Palliative Care
<b>Business Unit</b>	Palliative Care
<b>EDRMS #</b>	ED-CO-20-44200
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