

Fact Sheet Information for Health Professionals

SA Community Care

Supporting Quality End of Life Care in the Community

Introduction

The purpose of this document is to provide information about the SA Health delivery of end of life care (EoLC) services for individuals with a life-limiting illness, and their families and carers under the SA Health Community Care (SACC) program. SACC is delivered by contracted non-Government service providers to deliver safe and quality care in the community, including generalist community palliative care.

As a person's life limiting condition or illness progresses their care requirements at home may escalate, for example, a person may have been well supported in the community through Commonwealth funded aged care services, now require supportive community health care to be delivered by staff with EoLC qualifications and experience in providing a palliative approach to care.

The EoLC components of SACC provide individually tailored services for people, including access to more intensive care for the terminal phase of a person's life (EoLCT).

EoLC community services aim to:

- > support people to be cared for, and die, in their place of residence (home or residential aged care facility), if this is their wish, and enable their family/carer(s) to participate as they are able;
- > prevent avoidable hospital admissions; and
- > enable early supported discharge where clinically safe to do so.

Services Provided

SA Health EoLC community care services can be accessed via a referral to the Metropolitan Referral Unit (MRU). Care and treatment is provided as a visiting service into the person's home (including a residential aged care facility where part of an early discharge or a hospital avoidance strategy). The service provider is required to regularly review the care plan and provide feedback to the Identified Care Coordinator (ICC) so that the care plan continues to meet the needs of the individual, and their family and carer.

Care and treatment options available in this service type include:

- > Assessment and management of symptoms related to illness
- > Narcotic infusion pump
- > Breakthrough pain medication including patient and family education
- > Continence management and education
- > Post-procedure monitoring e.g. ascites/pleural taps and pleural drains
- > Care of Percutaneous Endoscopic Gastronomy (PEG)
- > Delirium/terminal restlessness
- > Advanced Care Planning discussions to inform ACD documentation
- > ADL, hygiene and pressure area care.

SACC services are provided from 8am to 10pm, 7 days a week including public holidays with the option for 24-hour support, including overnight respite options for terminal EoLCT being available.



Eligibility

An individual is eligible for EoLC services if they:

- > Are experiencing, or are likely to have imminent functional decline associated with a diagnosed life limiting illness or condition, such that there is a risk of admission.
- > Require services from staff who have qualifications or expertise in the palliative approach to care, including nursing and allied health.
- > Require equipment to support discharge and care at home.

Specific clinical indicators include:

- > Individual is in the unstable, deteriorating or terminal phase, and they are reasonably expected to be in their last year of life.
- > Individual has (or imminently will have) an Australia-modified Karnofsky Performance Scale (AKPS) score of 60 or less.
- > Rug-ADL score of 16 or more.

The individual is also required to:

- > Have a current care plan that has been developed by a health professional based on an assessment of the person, and their family and carer where applicable.
- > Have an ICC (or the Metropolitan Referral Unit agrees to take on the ICC role on a temporary basis until one is identified).

Services under the SACC Program (including EoLC and EoLCT) are not intended to replace or duplicate services immediately available under other funding arrangements, eg, Commonwealth Home Support Program or Residential Aged Care. However, SACC services (including EoLC) can be accessed if eligibility for a Commonwealth service is yet to be determined, or there is a delay in commencement, or it is not able to meet the individual's care needs.

Individuals with private health cover or DVA entitlements, who want to transition to public care services, must be registered with a SA Health Specialist Palliative Care (SPC) service. The SPC service state-wide referral form is available on the [SA Health Palliative Care Services](#) page.

Referral

EoLC services are accessed by a health professional, on behalf of the person, by making a referral to the Metropolitan Referral Unit (MRU).

The referral should include:

- > the care plan that has been developed by a health professional, based on an assessment of the person, and their family and carer;
- > reference to how the person meets the eligibility criteria (as above)
- > information on clinical indicators (as above); and
- > the service requirements to meet person's individual care needs, and known preferences and wishes.

The MRU is open between 8.00am and 8.00pm, seven days a week including public holidays.

The referral form is available on the [SA Health Hospital Avoidance and Discharge Support Services](#) webpage. All referrals must be forwarded to the MRU via fax.

Telephone: 1300 110 600 Fax: 1300 546 104

Email: Health.MetropolitanReferralUnit@health.sa.gov.au