

## Palliative Care Home Support Program - FAQs

### Why this service?

Surveys consistently show that up to three-quarters of Australians would prefer to die at home. The local reality is very different – only 16% of people living in Australia with a terminal illness die at home.

The aim of this service is to increase the opportunity for people in NSW who wish to die at home to do so.

### Three key points

1. Packages comprise of up to **48 hours** of end of life care
2. Care workers delivering packages have undertaken specialised **palliative care training**
3. Packages will **enhance existing** local Community Palliative Care services, under the direction of those services

### Who can request a package?

Requests for packages are required to come from an approved referrer of a Community Palliative Care team OR Community Nursing team

### What criteria determine patient eligibility?

Access to Palliative Care Home Support Packages **by patients who have expressed a wish to die at home\* or remain at home for as long as possible** will only be arranged through the local approved referrer (as above), subject to the following criteria:

- The patient has expressed a wish to die at home or remain at home for as long as possible AND the palliative care phase is either deteriorating or terminal; **AND one of more of the following is present:**
  - Family carer is physically/emotionally unable to continue caring at home without support
  - There is limited family support
  - There are specific cultural/spiritual issues necessitating extra support • Carer stress is high

\*Home can be either the patient home or residential aged care facility (RACF) they are currently residing in.

### What support is available under a Palliative Care Home Support Package?

Care support delivered under the package is individually agreed between the patient or family carer and the Care Coordinator and may include assistance with personal hygiene and domestic assistance – providing carers with vital support in end of life care. In consultation with the Care Coordinator and the patient's GP, it may also include basic nursing care.

### How are care workers introduced into the patient's home?

A Patient Information Briefing Note is provided to the care worker by the Package Manager/Coordinator at the commencement of service and, in some instances, where information of a sensitive nature needs to be handed over, the Care Coordinator will provide a phone handover as well.

### Are care workers able to administer medication?

Care workers can only assist with medication from a blister pack. The referrer will provide medication advice to the informal care giver as required. In the event that a care worker is in the home of a patient overnight and a medication requirement arises, the care worker is responsible for waking the informal care giver, who is responsible for managing the situation. If there is no formal care giver, the care worker is required to escalate to the after-hours on-call support.

### How much support is available in a package?

The provision of end of life packages is for up to 48 hours of palliative home-based care, day or night, by community workers trained for the task and working as part of existing referring multidisciplinary teams. The delivery of the 48 hours of end of life care **may be consecutive hours, or may be spread over days or weeks**. Utilisation is to be decided by the Care Coordinator in consultation with the patient and family.

### What if one 48 hour package is not enough?

A second package for patients needing more than 48 hours but unable to afford additional supports may be requested at the discretion of the initial referrer.

### What happens after-hours?

Care workers have after-hours access to the referrer's clinical on-call support and the PCHSP on-call care coordinator.

### How do these packages differ from existing general home and community care services?

These packages are unique – accessible across participating LHDs, they provide specialised care worker support at end of life, reducing the need for patients to spend their final days in hospital. For the package period, care workers join and are guided by the referring team, and are supported by the team's clinical on-call back-up.

### Does this service complement existing networks and primary health services?

Yes. The GP remains pivotal to the care of a patient choosing to die at home. The GP continues to provide direct care and liaises with the referring team as appropriate. The Consortium is committed to working collaboratively with the Agency of Clinical Innovation (ACI), GPs, Primary Health Networks and other relevant primary health organisations.

### What is covered in care worker training?

All care workers complete the Fundamentals of End of Life Care training modules listed below, prior to working on the Program:

1. Essence of palliative care and Communication in end of life care
2. Ethical Issues in palliative and end of life care
3. Pain and symptom management and care during the last days
4. Grief and loss and self care

### What about local health networks serving Indigenous and remote communities, particularly in rural LHDs?

The Consortium recognises the significance of local knowledge in rural areas of the needs of Indigenous people at end of life and will seek guidance from rural teams in this regard. In addition, Sacred Heart Health Service has appointed an Aboriginal Health Network Coordinator to oversee health care planning for Indigenous patients and clients in rural and metropolitan areas. This Coordinator is available for advice to participating Community Palliative Care teams.

### How are packages administered and governed?

Packages are held and administered centrally by HammondCare, enabling package hours to be available for distribution to the point of greatest need. They are governed by a Steering Committee which includes members from all participating LHDs.

### How are care workers recruited and how will they be deployed, particularly in rural LHDs?

HammondCare works with Community Palliative Care teams across participating LHDs to recruit and train care workers, either through preferred providers or through HammondCare directly. This process is outcome focused and guided by local intelligence and preferences. In other cases, brokered local staff are engaged. In establishing these arrangements, an understanding of local differences has been key to delivering successful package outcomes.

### Will care worker travel time be taken into account in rural and remote areas?

HammondCare works with each participating LHD and Community Palliative Care team to ensure remote patients are not disadvantaged due to additional travel time associated with greater distances. Accordingly, in principle an additional 4 hours per remote patient package is funded out of the total annual package pool to achieve equity for rural and remote patients. Whilst an additional allowance of 4 hours does not cover all travel costs in every instance, the Consortium believes it mitigates the impact of distance on the quantum of care delivered.

### Referral Contact Details

Referrals to the program are received by approved health professional (Community Palliative care services or Community Nursing) via completion of a Palliative Care Home Support Package Referral Form and faxed to: 1300 882 807 or emailed to:

**[pchsp@hammond.com.au](mailto:pchsp@hammond.com.au)**

For more information regarding Palliative Home Care Support in your region, please call ph: 1300 884 304. or **Palliative Care Home Support website**

*<https://www.hammond.com.au/locations/in-home/palliative-care-at-home-program>*