

PALLIATIVE CARE — ELIGIBILITY CRITERIA

2210. Hon Ed Dermer to the Minister for Transport representing the Minister for Health

I refer to the Minister's answer to question on notice No.1439, which was answered on 30 March 2010, in which the Minister advised that if any patient requires urgent palliative care, the health services will admit these patients or ensure that they are transferred to a service that can provide appropriate care, and I ask —

- (1) By what criteria do Western Australian health services determine the urgency of a patient's requirement for palliative care?
- (2) Which Western Australian health services providers or officers determine the urgency of a patient's requirement for palliative care?
- (3) What service options remain available for patients who have a requirement for palliative care that is determined not to be urgent?
- (4) By what mechanism can a patient who has a requirement for palliative care that is determined not to be urgent, have that determination reassessed?

Hon SIMON O'BRIEN replied:

- (1) Specialist palliative care services determine admission criteria specifically for their individual service. Generally the criteria are:
 - A referral from a medical practitioner is required.
 - Patients must have a progressive terminal illness with a limited prognosis.
 - Patients have needs that require specialist palliative care input, or
 - Patients require specialist expertise to manage uncontrolled symptoms.Additional criteria that determine urgency of a palliative care inpatient admission may include:
 - The patient is in the terminal phase and the patient and/or family do not wish the patient to die at home.
 - There is a family crisis situation where an inpatient admission is required.
 - Availability of beds or funded bed days.
- (2) Urgency for a patient's requirement for palliative care is determined by the information provided by the referring medical practitioner and subsequent assessment of information by the service provider palliative care team, both nursing and medical. Most often additional information is obtained from patient medical records and by a phone conversation between the referrer and service provider. When a referral is received by the Silver Chain Hospice home care service contact with client and/or family is made the same day as the referral, regardless of urgency, with a same day visit by a Registered Nurse possible.
- (3) There are various service models that provide palliative care including community home care services, inpatient palliative care units, generalist hospitals (both metropolitan and rural) and palliative care consultancy teams in tertiary hospitals. A palliative care medical advisory phone service provides medical advice for health professionals 24 hours 7 days a week.
- (4) In the event that a patient is not accepted into palliative care service, or is discharged as they no longer require specialist services, a re-referral can be made from a medical practitioner.