A palliative and end-of-life model of care for Southern NSW: Overview

South Eastern NSW Primary Health Network (COORDINARE) works with General Practitioners (GPs), other primary and secondary health care providers and hospitals across the South Eastern NSW region to improve and better coordinate care for patients.

COORDINARE has collaborated with the Southern NSW Local Health District, GPs, specialists and other care providers from across our region to develop a proposed model of palliative and end-of-life care that will support integrated and coordinated palliative and end of life care. An overview of the proposed model of care is provided overleaf.

The proposed model of care aims to:

- Support more consistent involvement of GPs in palliative and end-of-life care
- Strengthen the coordination and management of palliative and end-of-life care between GPs, the specialist palliative care service, primary health nurses and other care providers
- Improve outcomes for patients with palliative needs and their families and carers, including greater support for dying at preferred place of choice.

About the proposed model

The proposed model for palliative and end-of-life care in Southern NSW is based on a stepped care approach. This approach involves a hierarchy of care and services, from the least to the most intensive, matched to the needs of the individual. While there are three levels within the defined stepped care model, these levels do not operate in silos or as one directional steps, but rather offer a spectrum of services and interventions.

A key component of this model is multidisciplinary care. Multidisciplinary care occurs when professionals from a range of disciplines with different but complementary skills, knowledge and experience work together to deliver comprehensive healthcare aimed at providing the best possible outcome for the physical and psychosocial needs of a patient and their carers. Members and composition of the multidisciplinary team may change as the needs of the patient changes over time.

If you would like to know more about this model of care, please visit www.coordinare.org.au or contact COORDINARE

1300 069 002
PO Box 325, Fairy Meadow NSW 2519
info@coordinare.org.au
## Overview of palliative and end-of-life care for Southern NSW

### LEVEL 1
**NON-COMPLEX**

- Patients with non-complex needs
  - Largest patient cohort
  - Mostly non-malignant diagnosis
  - Most palliative needs met by primary care provider

### LEVEL 2
**MODERATE/EPISODIC**

- Generally non-complex needs with intermittent/episodic needs of higher complexity
  - Sporadic exacerbation of pain and other symptoms
  - Coping compromised

### LEVEL 3
**COMPLEX**

- Unstable patients or ongoing, complex needs
  - Highly complex physical, psychological and/or social needs which do not respond to standard care protocols
  - Requires highly individualised care plan
  - Includes most patients at or near end of life.

### KEY CARE PROVIDERS

- GP +/-: advice from specialist palliative care nursing team and/or palliative care medical specialists
  - +/- RACF staff (if applicable)
  - +/- support from GP practice nurse
  - +/- other medical specialists (e.g. oncologist, geriatrician)

### KEY SERVICES AVAILABLE

- On-call specialist palliative care advice
- NSW Palliative Care After Hours Helpline
- Care in the home packages
- DecisionAssist telephone advice
- Volunteer networks (to relieve carer stress)

### IMPORTANT PROTOCOLS AND TOOLS

- NSW Health Advance Care Directive
- NSW Ambulance Authorised Palliative Care Plan (Pediatric, Adult)
- HealthPathways
- Therapeutic Guidelines: Palliative Care (Version 4, 2016)
- Specialist palliative care nursing service referral form (for Levels 2 and 3)
- DecisionAssist (palliative care and advance care planning education and advice for aged care staff)

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1. While clinical symptoms are a key determinant of an increase in care requirements, other factors may inform the decision to initiate higher levels of care and/or referral to the palliative care service, including family/carers' capability and/or willingness to play an active role in care or an identified need to access support services such as the equipment hire program.

2. Type and provider of specialist palliative care medical advice varies across region.

3. Non-palliative care medical specialists are also responsible for early conversations with patients about treatment options and early referral to palliative care.

4. Currently available for Goulburn and surrounding areas, and in Cooma on an as-needs basis.

5. Nurse practitioners may support palliative and end-of-life care in some areas, for example in prescribing medications when a patient is unable to visit GP.

6. NSW Ambulance paramedics are able to provide in-residence palliative care under a NSW Ambulance Authorised Adult Palliative Care Plan.

7. Includes advice from the specialist palliative care nursing team, plus medical advice from various sources.

8. Includes My Aged Care packages and the NSW-wide Palliative Care Home Support Program, administered by HammondCare.