

LEVEL 1: PALLIATIVE CARE

Population needs.

People living with a life-limiting illness whose needs are straightforward and predictable, families and carers of these people.

Catchment population and service role

Services should be available in metropolitan and rural areas at a local level, in the communities where people live, with no requirement to travel to regional centres to access minimum services
Level 1: Palliative Care will usually have a service role as the primary and ongoing provider of health care services for the person living with a life-limiting illness, with established relationships with the person, their family and carers.

Scope of services and roles

Management of symptoms including prescription of relevant medications and after-hours access to telephone support
Advice about prognosis, treatment options and disease progression
Provision of, and/or referral to, counselling and psychological support services for the person living with a life-limiting illness, their family, and carers
Discussions about advance care planning.

Service modalities

Community-based palliative care: organisation of, and/or referral to, community nursing and other home care support services related to managing health care and functional needs
Hospital-based palliative care: referral to hospital inpatient services and/or ambulatory (outpatient) services for the management of acute episodes and/or for people who are living with a life-limiting illness and whose care needs cannot be fully supported at home. Services will be provided by the nearest available hospital and care may be provided in acute or other beds (rather than in designated palliative care beds that are managed by specialist palliative care health professionals)

Workforce profile

Medical practitioners with knowledge and experience in palliative care who provide most medical care to the person living with a life-limiting illness – this may be a GP, physician, geriatrician, paediatrician, renal specialist, oncologist, or other medical professional.

Nurses who may include nurse practitioners, registered nurses, community nurses – may work in community settings including people's homes and residential aged care.

Personal care workers who provide support in the person's home or residential aged care

Access to allied health professionals

Health professionals involved in providing Level 1: Palliative Care do not work full-time in palliative care but have other responsibilities.

Although there may not be established multidisciplinary teams, responsibility for care coordination will be undertaken by the treating medical practitioner, or if no medical practitioner is available (such as in remote areas), the nurse practitioner or other senior nurse.

LEVEL 2: SPECIALIST PALLIATIVE CARE SERVICES Population needs People living with a life-limiting illness whose needs range from straightforward and predictable to intermediate and fluctuating; families and carers of these people.

Catchment population and service role

Services should be available in metropolitan and rural areas on a regional basis, which may be equivalent to each Local Hospital Network (dependent upon governance models in each jurisdiction)

The service role of Level 2: Specialist Palliative Care Services usually involves shared responsibility for meeting the palliative care needs of their catchment population with Level 1: Palliative Care and other health professionals that may be providing ongoing disease-modifying care.

Scope of services and roles

Management of more complex pain and distressing symptoms including swallowing and breathing difficulties.

Provision of after-hours access including telephone advice, nursing, and medical support.

Education and counselling about disease progression, symptom management and care of people living with a life-limiting illness.

Assessment and management of psychosocial care needs relating to depression, anxiety, grief, and existential distress for the person living with a life-limiting illness, their family, and carers.

Active implementation of advance care planning including being responsive to changing wishes as the person's condition progresses; providing advice on ethical issues and potential conflicts between the person living with a life-limiting illness, their family and carers including in situations where the person has cognitive impairments and/or has limited agency.

Provision of education, training, and consultancy support to Level 1 services

Service modalities

Community-based palliative care: provision of more intensive community nursing and other home care support services related to managing more complex health care and functional needs.

Hospital-based palliative care: provision of hospital services (inpatient and/or ambulatory) for the management of acute episodes and/or for people who are living with a life-limiting illness and whose care needs cannot be fully supported at home. Inpatient services will usually be provided through a direct care or consultative model by specialist palliative medicine physicians in acute or designated palliative care beds although other medical specialists may also be involved in providing treatment.

Consultative palliative care: provision of consultative support services (by specialist palliative medicine physicians or nurse-led models) to other health professionals involved in caring for the person living with a life-limiting illness.

Workforce profile

Multidisciplinary team including medical practitioners, nurses and allied health professionals with skills and experience in palliative care; some team members will have specialist qualifications related to palliative care.

Where the team does not include a specialist palliative medical physician, access is provided on a visiting medical officer basis and/or through formally agreed consultative arrangements with another health service, such that there is either direct involvement or close supervision by a specialist palliative medical physician in the care of the person living with a life-limiting illness.

Nursing complement will include some senior and experienced nurses such as nurse practitioners and clinical nurse consultants, some of whom will have completed specialist qualifications related to palliative care.

Allied health professionals may include occupational therapy, physiotherapy, social workers, and psychologists, many of whom will also be involved in the care of other people.

Personal care workers who provide support in the person's home or residential aged care, with training to support the needs of people living with a life-limiting illness.

LEVEL 3: SPECIALIST PALLIATIVE CARE SERVICES

Population needs.

People living with a life-limiting illness whose needs include straightforward and predictable, intermediate and fluctuating, or complex and persistent; families and carers of these people.

Catchment population and service role

Services should be available in major metropolitan centres including all capital cities and other major cities.

The service role of Level 3: Specialist Palliative Care Services may include state-wide responsibility for managing some sub-populations of people living with a life-limiting illness. Level 3 services will typically have significant responsibilities for most palliative care needs of the most complex patients, although care may also be provided by other palliative services and other health professionals. Level 3 services will also have responsibility for their local populations, which will include regional, rural, and remote locations.

Scope of services and roles

Management of complex and persistent symptoms that are not effectively controlled by standard therapies; this may include the administration of palliative sedation therapy, palliative radiotherapy, percutaneous endoscopic gastrostomy, and other nutritional approaches (depending upon the wishes of the dying person)

Provision of after-hours access including telephone advice, nursing, and medical support.

Education, counselling, and support for resolving complex issues related to the management of complex and persistent symptoms, the benefits and impact on quality of life of different palliative management options, and decision-making relating to non-beneficial treatment.

Assessment and management of complex psychosocial care needs for the person living with a life-limiting illness, their family, and carers.

Active implementation of advance care planning including effective documentation and communication to all other health care professionals involved in the care of the person living with a life-limiting illness to ensure their wishes are respected; responsiveness to the person's wishes including the withdrawal of life sustaining treatment, if requested; mediation and conflict resolution regarding symptom management and cessation of treatment between the person, their family, and carers

Provision of education, training, and consultancy support to Level 1 & 2 services

Leadership role in palliative care research including links with academic centres.

Service modalities

Community-based palliative care: provision of intensive community nursing and other home care support services including to support dying at home, where this is in accordance with the wishes of the person living with a life-limiting illness.

Hospital-based palliative care: provision of dedicated hospital (inpatient and ambulatory) services, managed by specialist palliative medicine physicians, for the management of complex episodes and/or for people who are living with a life-limiting illness and whose care needs cannot be supported at home.

Consultative palliative care: provision of consultative support services (by specialist palliative medicine physicians or nurse-led models) to other health professionals involved in caring for the person living with a life-limiting illness.

Workforce profile

Multidisciplinary team including medical practitioners, nurses, and allied health professionals, most of whom will have specialist qualifications, extensive experience, and skills in palliative care (and for whom this is their substantive role and area of practice)

In addition to direct care, medical practitioners and senior nurses may provide consultative services to other health professionals in the same or other hospitals, community, and residential care home settings.

An extensive range of allied health disciplines will be available including occupational therapy, physiotherapy, speech therapy, social workers, psychologists, pharmacists, grief and bereavement counsellors, art and music therapists, spiritual care, and pastoral care workers.

Personal care workers who provide support in the person's home or residential aged care, with training to support the needs of people living with a life-limiting illness.