HomeMade
Smarter support at home

Palliative care policy and process

About this policy

HomeMade is dedicated to supporting access to palliative care services that enable our customers to live and die within the context of their lives, in the setting of their choice, with a focus on symptom control and a pattern of care that is considerate of our customers' carers and family. We understand that customers consistently prefer to receive palliative care at home, and we are committed to making this choice a reality whenever possible. This policy applies to all staff and contractors involved in the delivery of care and support to HomeMade customers.

Key Definitions

Palliative Care:

Palliative care is person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life.

Advance Care Planning (ACP):

ACP involves a person planning for future health care. It enables them to make decisions about the health care they would or would not like to receive if they were to become seriously ill and unable to communicate their preferences or make treatment decisions.

ACP gives people the opportunity to think about, discuss and record their preferences for the type of care they would like to receive and the outcomes they would consider acceptable. ACP helps people to ensure that their loved ones and health providers know what matters most to them and respect their treatment preferences.

Advance Care Directive (ACD):

Ideally, ACP will result in a person's preferences being documented in a plan known as an Advance Care Directive (ACD) and the appointment of a substitute decision-maker to help ensure that their preferences are respected.

Scope of Practice: The full scope of practice of a profession includes the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

Contracted Service Providers: Service providers providing brokered services to HomeMade customers, funded through their home care package. Contracted service providers have entered into an agreement with HomeMade and meet minimum regulatory obligations and requirements as outlined by the agreement.

External Service Providers: HomeMade customers may access care and services from providers, such as specialist community palliative care services, separate to and not funded by the home care package. HomeMade will liaise with these service providers to ensure good communication to ensure our customers' care needs are met. As these service providers are linked with the customer separate to the home care package program, there is no brokerage relationship between HomeMade and these organisations..

Key Principles

Choice and Dignity: People should be supported to receive care and end-of-life services in the place of their choice, while respecting their dignity and personal preferences.

Family and Carer Involvement: We recognise the vital role of the customer's family and carers in providing physical, emotional, social, and spiritual support. We work with them to understand their capacity and willingness to contribute to the customer's care.

Person-Centred: Palliative care should be strongly responsive to the needs, preferences and values of people, their families and carers. A person and

family-centred approach to palliative care is based on effective communication, shared decision-making and personal autonomy.

Accessible: Palliative care should be available to all people living with an active, progressive, advanced disease, regardless of the diagnosis.

Compassionate Care: Palliative care affirms life while recognising that dying is an inevitable part of life. This means that palliative care is provided during the time that the person is living with a life-limiting illness, but it is not directed at either bringing forward or delaying death.

Standards

HomeMade is committed to adhering to the Aged Care Quality Standards (Standards), including end-of-life care, ACP and ACD.

Standard 1 Consumer Dignity and Choice: We value diversity and treat every customer with dignity and respect, considering their identity and culture. We provide resources for different population groups and support families in communication and decision-making about care.

Standard 2 Ongoing Assessment and Planning with Customers: We focus on continuous assessment and planning with customers, including advance care and end-of-life planning when desired.

Standard 3 Personal Care and Clinical Care: We recognise and address the needs, goals, and preferences of customers nearing the end of life. HomeMade actively promotes customer comfort, dignity preservation, and timely responses to deterioration.

Standard 4 Services and Supports for Daily Living: We provide safe and effective services and supports for daily living that enhance the customer's independence, health, well-being, and quality of life.

Standard 6 Feedback and Complaints: We have systems in place to support all customers in making complaints or giving feedback. We understand the importance of a coordinated approach in providing palliative care and advance care planning for customers and their families.

Standard 7 Human Resources: We have a skilled and qualified workforce that is sufficient to deliver and manage safe, respectful, and quality care and services.

Standard 8 Organisational Governance: We embed safe and quality care delivery within our organisational governance. We continuously strive for quality improvement in our services.

Procedures

HomeMade has developed specific processes to support customers when palliative care is identified as a customer need. This includes:

- **Assessing Customer Support:** HomeMade utilises conditional logic in the form of a Self Management Decision Tree to determine whether a prospective customer has adequate support in place to self-manage their home care package during palliative care.
- **Clinical Support:**
    - Our team of Clinical Nurses conduct clinical reviews to assist customers when their needs change, including where palliative care is needed.
    - HomeMade may facilitate case conferences with General Practitioners and other care team members to ensure comprehensive care.
    - HomeMade's Clinical Nurses offer personalised appointments with customers and their representatives seeking support with palliative care and advance care planning to discuss their unique needs and provide them with resources and information to support them to make informed decisions. .
    - HomeMade's clinical team monitor and respond to shift notes for signs of deterioration that may indicate palliative care support is required
- **Assisting with Finding Suitable Providers:** When required, HomeMade will assist customers in finding suitable providers that offer palliative care services to ensure their needs are met.

HomeMade is committed to providing customers support to access high-quality palliative care services that prioritise customer choice, dignity, and support for their families and carers. We aim to facilitate palliative care that respects individual preferences and aligns with the highest quality standards.

Roles and responsibilities

Role	Responsibility
Customers	• Customers have the right to actively participate in decisions about their care, express their preferences, and provide informed consent. • Customers are encouraged to share information with HomeMade when their needs change and be active participants in the assessment and planning process
Contracted Service Providers	• Contracted service providers must only provide services within their scope of practice. • Contracted service providers working with HomeMade customers must work within HomeMade's policy and procedure framework including where palliative care is provided. • Contracted service providers must alert HomeMade to any identified changes in the needs of HomeMade customers.
Support Partners	• Support Partners screen prospective HomeMade customers to identify suitability for HomeMade's self-managed model of care. This process includes identifying customers that may be nearing the end stages of their life or requiring

Role	Responsibility
	palliative care to ensure adequate support systems are in place to enable them to self manage under our model of care. • Support Partners play a pivotal role in assessing and documenting assessed needs, reviewing support plans, and facilitating communication among all parties involved including following HomeMade processes for clinical review, clinical escalation and high-risk customer escalation where indicated. • Support Partners conduct needs assessments and support plan reviews at a minimum of annual intervals. This process includes screening for and identifying palliative care needs. • Support Partners communicate with external service providers where necessary
Clinical Nurses	• Clinical Nurses provide clinical advice and recommendations so that appropriate assessments and referrals are arranged and advice is given. • Clinical Nurses facilitate discussions to provide information and resources on ACP and palliative care, where requested • Clinical Nurses will facilitate case conferences with the customer, their family and other health care professionals, where required

Role	Responsibility
Leadership team	• Delegate appropriate team members to maintain a database of care strategies, including resources to act as prompts when developing support plans. • Promote open disclosure and consultation with customers, HomeMade staff, Service Providers and customer representatives • Ensure mandatory education is provided to HomeMade staff on person centred care, end of life and ACP
General Manager	• Hold relevant team members accountable to develop and maintain policies and practices that reflect both legislative and regulatory requirements.

All staff are required to carry out their duties in accordance with their position descriptions, and with the knowledge and skills attained as part of their profession or any qualifications, and in accordance with any applicable codes of conduct, practice or standards expected by HomeMade. Staff are expected to adhere to the Code of Conduct for Aged Care, engage with customers appropriately and respectfully, and to maintain professional boundaries.

Staff who are subject to professional standards (e.g. medical, nursing, and allied health professionals), will have a higher threshold of professional training and qualifications, knowledge and skills, and scope of practice, and hence a higher threshold of conduct expected.

Legislative / Compliance obligations

HomeMade complies with all relevant legislation, regulatory requirements, professional standards, and guidelines.

Evidence and Resource Base

Aged Care Quality and Safety Commission (2019) Aged Care Quality Standards and Guidance Material

Aged Care Quality and Safety Commission (2019) Charter of Aged Care Rights (under User Rights Principles 2019)

The Aged Care Act (1997) and the Quality of Care Principles (2014)

National Palliative Care Standards (2018)

Palliative Care	• End of Life Directions for Aged Care (ELDAC) Home Care Toolkit
	• palliAGED is the palliative care evidence and practice resource for the Australian aged care sector.
	• The Agency for Clinical Innovation hosts a palliative care video library that was developed with Australian healthcare specialists. The online resource aims to assist users in gaining confidence and specialised knowledge in the delivery of appropriate palliative care to people in need. Numerous videos are on offer covering the many aspects of illness, palliative care, caring for someone with a life-limiting illness, dying, loss, grief, and bereavement. Resources are grouped in the following categories:
	  ○ Communication
	  ○ Families and carers
	  ○ Physical and clinical
	  ○ Psychological
	  ○ Service delivery and care coordination
	  ○ Spiritual and cultural.
	• LASA developed a resource called Making Choices for Life. The learning modules are intended to assist organisations and their aged care staff to develop skills to care for people with a

	life-threatening or life-limiting illness, or who are coming to the end of a normal ageing process, using a person-centred palliative approach. Two short educational videos that have an accompanying downloadable fact sheets that can be used as visual aids and discussion points on palliative care are: ○ Pain: Responding to and implementing strategies to manage an individual client's pain and promote comfort and quality of life. View the Fact sheet (192kb pdf). ○ Authentic Diversity: Providing a supportive environment which honours the unique preferences, culture, needs and beliefs of the individual client, their families, carers and /or significant others. View the Fact sheet. • CareSearch - This online resource provides information for various healthcare staff providing palliative care in the community. Resources include websites, guidelines, documents and factsheets. CareSearch also devotes a section of their website to palliative care for Aboriginal and Torres Strait Islander Peoples. There is a range of resources and information to help the health care workforce provide palliative care in a culturally safe way. Aboriginal and Torres Strait Islander Care has four main areas: ○ Culturally Safe and Responsive Care ○ The Care Journey ○ Patient, Family and Community Journeys ○ Research, Evidence and Practice.
Advance Care Planning	• Advance Care Planning Australia (ACPA) and palliAGED have resources that can be downloaded and printed: ○ Factsheet/handout (200kb pdf) ○ Getting started (4.2MB pdf) ○ Guide to support implementation in community and residential settings (838kb pdf) ○ palliAGED has downloadable Practice Tips on advance care planning for Nurses (pdf 317kb) and Careworkers (pdf 434kb). • The ELDAC End of Life Law Toolkit provides additional resources in advance care planning
Dementia	• ELDAC Dementia Toolkit
Responding to Deterioration	• ELDAC Respond to Deterioration Toolkit • Supportive and Palliative Care Indicators Tool (SPICT™) ○ The SPICTTM includes specific clinical indicators for dementia/frailty. Visit the SPICTTM website for user guidelines and further information.

Associated Documents

- *Clinical Governance Framework*
- *Deteriorating Customer Policy & Process*
- *Medication Support Policy*
- *Incident Management Policy & Process*
- *High Impact High Prevalence Policy & Process*
- *Examples of Clinical Risk*
- *Clinical Controls & Resources*
- *Principles of a Good Clinical Review*
- *SOP clinical Referrals*
- *SOP Dignity of Risk in Home Care*
- *Validated Assessments for Care Planning and Management*
- *Voluntary Assisted Dying Policy Statement*

Document Control

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2	Dec 2023	Separate policy for VAD
3	June 2023	Removal of VAD definition and additional information (covered in separate policy)