

Policy Frameworks

MP 0173/22 Effective from: 9 September 2022

Patients Awaiting Aged Care Services including Transition Care Program Policy

1. Purpose

WA Health is committed to providing the Western Australian community with timely and equitable access to health services and ensuring the efficient use of available resources in public hospitals.

The purpose of this Policy is to:

- improve patient flow for older Western Australians
- ensure patients who are medically ready for discharge do not wait for their preferred aged care service/facility while in hospital
- ensure Health Service Providers use the Transition and Aged Care Services (TACS) system to keep records of patients awaiting aged care services.

This Policy is a mandatory requirement under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act* 2016.

This Policy supersedes OD 0290/10 Transition Care for the Older Person.

2. Applicability

This Policy is applicable to Health Service Providers that provide care to older people.

3. Policy Requirements

Hospital teams must consider all discharge options including the Transition Care Program (TCP) (residential and community), residential aged care, respite and Home Care Packages.

3.1 Referrals to Transition Care Program

The TCP aims to maintain or improve the functioning of frail, older people after their hospital stay and allow them more time to plan for longer term arrangements by providing short term care for up to 18 weeks in either a TCP facility or in the person's home. The TCP is an important discharge pathway for older people in public hospitals.

Patients referred to the TCP must be approved for transition care by the Aged Care Assessment Team (ACAT).

Health Service Providers must ensure patients, their family and/or carers are counselled that they are expected to accept the first allocated vacancy, with preference given to a TCP facility located within their preferred area.

Prioritisation and allocation of transition care patients to facilities is the responsibility of the Health Service Provider Central Coordinators. Priority is given to public inpatients who have been waiting in hospital the longest.

To support timely and smooth discharge, Health Service Providers must complete the following actions prior to transferring the patient to the TCP:

- For patients requiring guardianship and/or administration orders from the State Administrative Tribunal (SAT), an application for a hearing must be lodged.
- A detailed referral and handover are provided to the TCP facility through the Central Coordinator. Further, the referral and handover must include details of any outstanding outpatients and medical appointments, specialist needs of the patient including medication, wound care, requirement for community mental health services and other issues of concern.
- Nursing requirements must be identified and communicated to the TCP facility to address technical nursing skills, experience and competencies needed for the resident.
- Use of chemical restraints must be minimised at the time of handover. In circumstances where this is not possible, safe continuity of medication referral, handover and management in the patient's transition of care is required. Consent will be required by the patient, their family and/or carer upon admission to a TCP.
- Any behavioural presentations must be accurately described and communicated such that optimal safety of other patients and staff are considered and an appropriate bed is provided.
- The patient, their family and/or carer have been clearly informed of the time limited nature of transition care, fees and charges and their right to make a complaint about the service.
- The patient, their family and/or carer is informed that they will be asked to sign a formal *Transition Care Recipient Agreement* with the TCP facility.
- Patients approved for transition and respite care must be registered on the central wait list located on the TACS system.

3.2 Patients awaiting residential aged care

The hospital team must ensure patients awaiting placement for permanent residential aged care services register at a minimum of three facilities and patients are counselled that they are expected to accept the first available vacancy. Patients cannot wait in a public hospital bed while waiting for their preferred facility. If patients do not accept the vacancy, they will be discharged home with support, or to the first available place the social worker can find.

3.3 Escalation Pathways

If there is no progress to resolve barriers to discharge, the hospital team must inform the Director (or equivalent). The Director must consider the decision to charge a fee for a length of stay exceeding 35 days. For patients classified as a Nursing Home Type Patient, local processes will be applied (refer to the WA Health Fees and Charges Manual).

3.4 Reporting on patients awaiting aged care services

Health Service Providers must identify and report on the number of inpatients occupying a public hospital bed who are ready for discharge and approved by ACAT for all Commonwealth subsidised aged care services including TCP, residential aged care, respite care and Home Care Packages. This data must be reported on TACS by Wednesday each week.

4. Compliance Monitoring

Health Service Providers are responsible for ensuring compliance with this Policy.

The Strategic Program Support Unit, on behalf of the System Manager, may request that Health Service Providers provide clinical data and evidence of compliance to the requirements of this Policy.

5. Related Documents

The following documents are mandatory pursuant to this Policy:

• NA

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- Australian Department of Health: Transition Care Programme Guidelines
- WA Transition Care Program Guidelines

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Aged Care Assessment Team (ACAT)	ACATs are teams of medical, nursing and allied health professionals who assess the physical, psychological, medical, restorative, cultural and social needs of frail older people and help them and their carers to access appropriate levels of support.
Health Service Provider	All Health Service Providers as established by an order made under section 32(1)(b) of the <i>Health Services Act 2016.</i>
Older people	People aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islander people.
Respite	Residential respite care is short-term care provided in an aged care home. It can be on a planned or emergency basis.
Residential aged care	Residential aged care is for older Australians who can no longer live in their own home. It includes accommodation

	and personal care 24 hours a day, as well as access to nursing and general health care services. The Commonwealth Government subsides aged care homes to provide residential care to eligible people.	
Transition Care Program (TCP)	TCP is a joint Commonwealth and State subsidised aged care service administered under the <i>Aged Care Act 1997</i> . The program aims to maintain or improve the functioning of frail, older people after their hospital stay and allow them more time to plan for longer term arrangements by providing short term care for up to 18 weeks with either a TCP facility or in the person's home.	
Transition Care Program facility	An external aged care provider who contracts with the Department of Health to provide transition services for the Transition Care Program.	
Transition and Aged Care Services (TACS) system	The TACS is an electronic database of public hospital inpatients who are awaiting Commonwealth funded aged care services; and an electronic referral system for public and private hospital inpatients to the Transition Care Program.	

8. Policy Contact

Enquiries relating to this Policy may be directed to:Title:Director, Strategic Program SupportDirectorate:Intergovernmental Relations and Strategic Program SupportEmail:TCP@health.wa.gov.au

9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)	
MP 0173/22	9 September 2022	9 September 2022	September 2025	Original version	
MP 0173/22 v.1.1	6 September 2023	6 September 2023	September 2025	Minor amendment as detailed below.	
Updated Policy requirements sections 3.1 Referral to Transition Care Programs and 3.4 Reporting on Patients Awaiting Aged Care Services to include 'respite care' as an approved Commonwealth subsidised aged care service.					

10. Approval

	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date 9 September 2022	

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