



# Patients Awaiting Aged Care Services Policy

## 1. Purpose

The WA health system 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. This includes supporting timely discharge planning for older patients by prioritising a 'home-first' approach where clinically appropriate and facilitating access to suitable aged care services as soon as patients are medically cleared for discharge.

The policy aims to achieve the following:

- reduce discharge delay for older Western Australians
- support demand management and capacity optimisation in WA public hospitals
- increase delivery of aged care assessments to improve access to aged care services
- ensure patients who are medically ready for discharge do not undertake aged care related decision making or wait for their preferred aged care service while in hospital
- define the roles and responsibilities of the Aged Care Hub (ACH) and Health Service Providers (HSPs) to strengthen accountability and performance regarding discharge of patients awaiting aged care services
- ensure HSPs use the Transition and Aged Care Services (TACS) system to keep records of patients awaiting aged care services.

Legislation pertinent to this policy includes:

- [Aged Care Act 2024 \(Cth\)](#)
- [Guardianship and Administration Act 1990 \(WA\)](#)

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

This policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

This policy is to be read in conjunction with:

- [MP 0095/18 Clinical Handover Policy](#)
- [MP 0171/22 Recognising and Responding to Acute Deterioration Policy](#)
- [MP 0186/24 Use of Restrictive Practices in Non-Authorised Healthcare Settings Policy](#)
- [MP 0164/21 Patient Activity Data Policy](#)

Please ensure you have the latest version from the [Policy Frameworks](#) website.  
Compliance with this document is mandatory.

## 2. Applicability

This policy is applicable to WA health entities that provide care to older people.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

### 3.1 Discharge planning

3.1.1 Patients who are medically ready for discharge should not remain in hospital while undertaking aged care related decision making or while waiting for their preferred service.

3.1.2 HSP teams must commence discharge planning at the point of hospital admission and proactively identify older Western Australians in hospital who may be eligible to access State and/or Commonwealth funded aged care discharge pathways, including entry-level at home supports.

3.1.3 Discharge planning must consider all available community and residential discharge options, based on clinical appropriateness, patient preferences, and service availability, with priority given to discharging home with supports.

### 3.2 Role of HSPs in aged care needs assessments

HSPs must:

- Identify eligible older Western Australians in hospital and assess their eligibility for State and/or Commonwealth funded aged care services appropriate to their needs.
- Deliver aged care needs assessments to patients requiring approvals for Transition Care Program (TCP) services, residential care or residential respite within 24 hours of assessment referral.

### 3.3 Role of the Aged Care Hub, State Health Operations Centre (SHOC)

3.3.1 Referrals into TCP, Residential Respite Pilot (RRP) and Time to Think (TtT) must be centrally coordinated through the ACH, integrated with the TACS portal to enhance system-wide visibility, unless otherwise agreed with the ACH.

3.3.2 The ACH in the SHOC is responsible and accountable for:

- Prioritising and allocating patients awaiting TCP, RRP and TtT to appropriate services in a timely and efficient manner.
- Ensuring equitable access for patients and referring hospitals across the WA Health system.
- Maintaining transparency through up-to-date data on all referrals.
- Working in collaboration with HSPs as the escalation point for service acceptance delays, access issues, and discharge blockers, with accountability for determining solutions and coordinating appropriate support options.

### **3.4 Role of hospitals in referring to state funded aged care programs**

3.4.1 For patients waitlisted for TCP, RRP and/or TtT hospital teams must:

- Ensure patients are assessed and approved by an Aged Care Assessor for the relevant care type, as clinically appropriate and in accordance with the [My Aged Care Assessment Manual](#).
- Strongly encourage patients to waitlist at a minimum of three TCP, RRP and/or TtT sites and inform patients, family, carers and/or substitute decision makers that the first allocated vacancy is expected to be accepted.
- Register patients on the TACS system for waitlisting and allocation and maintain accurate and current patient information in the portal.

### **3.5 Role of hospitals for patients awaiting permanent residential aged care**

HSPs must ensure:

- patients awaiting placement for permanent residential aged care services are strongly encouraged to register at a minimum of three facilities.
- patients medically cleared for discharge who are still undertaking decision making around residential aged care, or waiting on a place to become available, should have a TtT referral completed if appropriate.

### **3.6 Responsibilities of HSPs where patients do not accept a vacancy**

HSPs must:

- Where a patient does not accept a vacancy for a site which they have been registered for, they are to be discharged home with support, or to the first available and clinically suitable place discharge planner can find.

### **3.7 HSP responsibilities prior to handover of an older Western Australian in hospital to a receiving aged care service**

Prior to transfer HSPs must ensure the following actions are completed:

- Provide a comprehensive referral to the ACH via the TACS system.
- Provide a comprehensive clinical handover to the receiving TCP, RRP or TtT service, once a bed offer has been coordinated by the ACH including details of outstanding outpatient or medical appointments, specialist care needs, and any other relevant concerns.
- Accurately document behavioural concerns, triggers and management strategies to the receiving service.
- Clearly inform the patient, their family or decision maker and complete the Client Service Agreement of:
  - the time limited nature of TCP, RRP or TtT
  - applicable fees and charges
  - the requirement to sign a formal *Transition Care Recipient Agreement* with the TCP service
  - their right to make a complaint.

### HSPs must when necessary for the patient

- Lodge an application with the State Administrative Tribunal (SAT) for guardianship or administration orders, if required.
- Minimise the use of restrictive practices during handover and comply with the relevant mandatory policies around the use of restrictive practices. Where unavoidable:
  - obtain informed patient or substitute decision maker consent
  - ensure safe and continuous communication regarding medication management, in line with the [Aged Care Quality Standards](#).

### **3.8 Assertive escalation pathways and charging Nursing Home Type Patient fees**

HSPs must develop clear and timely local escalation pathways to address issues impacting patient discharge and continuity of care.

- 3.8.1 HSPs must ensure that issues impacting patient discharge and continuity of care, including patients and/or families who decline available services, are escalated through local escalation pathways.
- 3.8.2 Where local escalation processes are unable to resolve discharge barriers, the Chief Executive (or delegate) should seek support on next steps through the SHOC Nurse Director.
- 3.8.3 HSPs must consider applying a daily Nursing Home Type Patient (NHTP) fee, in accordance with the [WA Health Fees and Charges Manual](#), to patients who:
  - are medically cleared for discharge
  - have exceeded a total length of stay greater than 35 days.

### **3.9 Reporting on patients awaiting aged care services**

HSPs must use the TACS system to keep records of all patients awaiting aged care services.

HSPs must ensure data entered in the TACS database is:

- accurate
- current and up to date
- updated by close of business every Tuesday.

Through the Medically Cleared for Discharge data flag, HSPs must identify and report on the number of inpatients occupying a public hospital bed who are:

- medically cleared for discharge and
- awaiting State and/or Commonwealth-funded aged care services, as defined in this Policy.

HSPs must ensure Medically Cleared for Discharge information is recorded in accordance with [MP 0164/21 Patient Activity Data Policy](#).

## **4. Compliance Monitoring**

HSPs and the ACH are responsible for ensuring compliance with this Policy.

The Office of the Chief Clinical Operating Officer, on behalf of the System Manager, may request data and evidence of compliance to the requirements of this policy. The Office of the Chief Clinical Operating Officer, on behalf of the System Manager, may also request

WA health entities to submit local policies and procedures to ensure alignment with policy requirements.

Periodic audits of policy compliance on behalf of the System Manager may also be conducted in consultation with the Risk and Audit Unit.

## 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [WA Health Patient Fees and Charges Manual](#)

## 6. Supporting Information

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

- [Australian Government Department of Health, Disability and Ageing: Transition Care Programme Guidelines](#)
- [WA Transition Care Program Guidelines](#)
- [My Aged Care Assessment Manual](#)

## 7. Definitions

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

Term	Definition
Aged Care Assessment	An aged care assessment (or aged care needs assessment) determines a person's care needs and the types of Commonwealth-subsidised aged care and services a person may be eligible for. In WA, community aged care assessments are delivered by private organisations as well as relevant teams in HSPs. Aged care assessments in hospitals are only delivered by HSPs.
Aged Care Hub (ACH)	ACH within the State Health Operations Centre coordinates referrals for State and/or Commonwealth-funded aged care discharge programs, including Transition Care Program, Time to Think and Residential Respite Pilot. The ACH liaise with HSPs and TCP providers to match patients to the most appropriate bed or community place.
Aged Care Quality Standards	Administered by the Aged Care Quality and Safety Commission, the Standards are legislated and apply to all aged care services including residential care, home care, short-term restorative care, transition care, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, Multi-Purpose Services, and the Commonwealth Home Support Programme to ensure safe and quality services
Commonwealth-funded aged	Any service subsidised by the Commonwealth under the

care service	<p><i>Aged Care Act 2024 (Cth)</i>. Services include:</p> <ul style="list-style-type: none"> <li>• Residential care</li> <li>• Residential respite, including Time to Think</li> <li>• TCP (residential and community)</li> <li>• Support at Home Program services, including Restorative Care and End of Life Pathways if applicable.</li> <li>• Grandfathered/transitioned Home Care Packages</li> <li>• Commonwealth Home Support Programme</li> <li>• Multi-Purpose Service Program</li> <li>• National Aboriginal and Torres Strait Islander Flexible Aged Care Program</li> </ul>
Health Service Provider (HSP)	All Health Service Providers as established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i> .
Nursing Home Type Patient	A patient who has been in a hospital for an extended period (usually over 35 days) and no longer requires acute hospital care but still needs nursing care and accommodation.
Older people	For the purposes of the <i>Aged Care Act 2024 (Cth)</i> , people aged 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people and people who are homeless or at risk of homelessness.
State Health Operations Centre (SHOC)	The SHOC is WA Health initiative that supports health services to manage emergency department demand and ease system pressures. It brings together key functions from across health, including the WA Virtual Emergency Department, Patient Transport Coordination Hub, System Flow Centre and Aged Care Hub, to improve system-wide monitoring and oversight.
State Administrative Tribunal (SAT)	SAT is an independent body that reviews a wide range of government decisions and determines disputes.
Residential aged care	Residential aged care is for older people who can no longer live safely 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 subsidises aged care homes to provide residential care to eligible people.
Residential Respite Pilot (RRP)	Supports older people with temporary respite care in a residential aged care setting after a hospital stay. Provides older people with time to think and make decisions about permanent aged care, while ensuring hospital beds are available for those who need them. Availability of beds is based on vacancies being offered by participating aged care providers.
Transition Care Program and Aged Care Services system	TACS is an electronic database of public and public/private hospital in patients who are awaiting State

(TACS)	and/or Commonwealth funded aged care services; and an electronic referral system for public and public/private hospital inpatients to the Transition Care Program, Respite Pilot Program and Time to Think.
Transition Care Program (TCP)	TCP is a joint Commonwealth and State funded aged care service administered under the <i>Aged Care Act 2024</i> . The program aims to provide restorative care to maintain or improve the functioning of older people after their hospital stay by providing short term care for up to 12 weeks (with an ACA approved extension) either in a TCP service or in the person's home.
Transition Care Program service	An external aged care provider who contracts with the Department of Health to provide transition care services for the Transition Care Program.
Time to Think (TtT)	Supports older people with temporary respite care in a residential aged care setting after a hospital stay. Provides older people with time to think and make decisions about permanent aged care, while ensuring hospital beds are available for those who need them. Dedicated beds are set aside for TtT by providers.
WA health entities	WA health entities include: <ul style="list-style-type: none"> <li>(i) Health Service Providers as established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i>.</li> <li>(ii) (ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i>.</li> </ul>
WA health system	The WA health system is comprised of: <ul style="list-style-type: none"> <li>(i) the Department;</li> <li>(ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and</li> <li>(iii) contracted health entities, to the extent they provide health services to the State.</li> </ul>

## 8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Director, System Improvement Unit

Directorate: Clinical Operations Division

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## 9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0173/22	9 September 2022	September 2025	Original version
MP 0173/22 v.1.1	6 September 2023	September 2025	Amendment as detailed below.
<ul style="list-style-type: none"> <li>Policy requirements section updated: 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.</li> </ul>			
MP 0173/22 v.2.0	30 April 2026	31 December 2026	Policy review and amendments as detailed below.
<ul style="list-style-type: none"> <li>Policy title amended – removal of 'including Transition Care Program Policy'.</li> <li>Purpose section updated and refined. Inclusion of strengthened accountability for Health Service Provider and Aged Care Hub (ACH) performance regarding discharge of patients awaiting aged care services</li> <li>Applicability updated to WA health entities (HSP and DoH) due to commencement of the ACH within SHOC. Inclusion of contracted health entities statement.</li> <li>Policy requirements section updated. Inclusion of discharge planning, aged care assessments, ACH roles and responsibilities.</li> <li>Compliance Monitoring section updated to reflect the updated policy requirements and new policy owner's responsibility to monitor compliance.</li> <li>Supporting Information section: Inclusion of Aged Care Act, WA Health Patient Fees and Charges Manual, My Aged Care Assessment Manual</li> <li>Definitions section: Inclusion of ACH, Aged Care Quality Standards, Commonwealth-funded aged care service, NHTP, SAT, SHOC, RRP, 'WA health entities' and 'WA health system' defined terms.</li> <li>Policy contact updated to reflect update in policy owner.</li> </ul>			

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

<b>Approval by</b>	Nicole O'Keefe, Deputy Director General, Strategy and Governance, Department of Health
<b>Approval date</b>	9 September 2022

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