

section 1.2: using a needs based model for care delivery

minimum requirements in providing care for palliative patients:

All health care providers are responsible for:

- considering the palliative patient as a “whole person” including the physical, psychological, social and spiritual aspects of their life
- recognizing that patient care needs differ and will change over time
- a commitment to regular and ongoing assessment so that symptoms are dealt with promptly
- matching the level of care to patient needs
- regular review of family and caregiver needs so that adequate support can be offered
- reducing suffering and promoting comfort during challenging times, encouraging people to think of dying, death and bereavement as integral parts of life.

a needs-based approach to care delivery

The model of best practice for palliative patients utilizes a needs-based approach¹ and has been developed in order that available services are directed to the “right patient, at the right time, in the right place and by the right service”. The type of care required is determined on the basis of the level and complexity of assessed needs as well as the strengths and limitations of the patient, their family and caregivers.

Identified needs will guide whether this will be provided by their existing health care team (primary health care team in the acute hospital or General Practitioner, community nursing or residential aged care staff in the community setting) or by the specialist palliative care service or combination of both.

This model outlines 3 basic sub-groups of people with a life limiting illness:

Group A: Primary care - *the largest group of patients*

- non complex needs
- have quality care provided by their existing primary health care providers which adequately meets their needs
- do not require input from a specialist palliative care service

Group B: Intermediate care - *a smaller group of patients*

- will have occasional worsening of symptoms that will benefit from access to episodic care from a specialist palliative care service
- the greater part of their care will be provided by their primary caregivers

Group C: Complex care - *the smallest group of patients with a life limiting illness*

- will have ongoing complex problems that do not respond to the usual protocols of care
- require highly individualised care plans
- need direct care from a specialist palliative care service, regular ongoing input in partnership with primary health care providers

Care for patients will be a dynamic process with movement occurring from one group to another throughout the illness trajectory. The emphasis is on establishing the current needs and on providing ongoing assessment that allows clinicians to respond to changes to the level of care in a timely way. It is also critical for primary health care providers to have established referral relationships with specialist services to facilitate smooth movement between levels. A diagram illustrating this model is pictured below:²

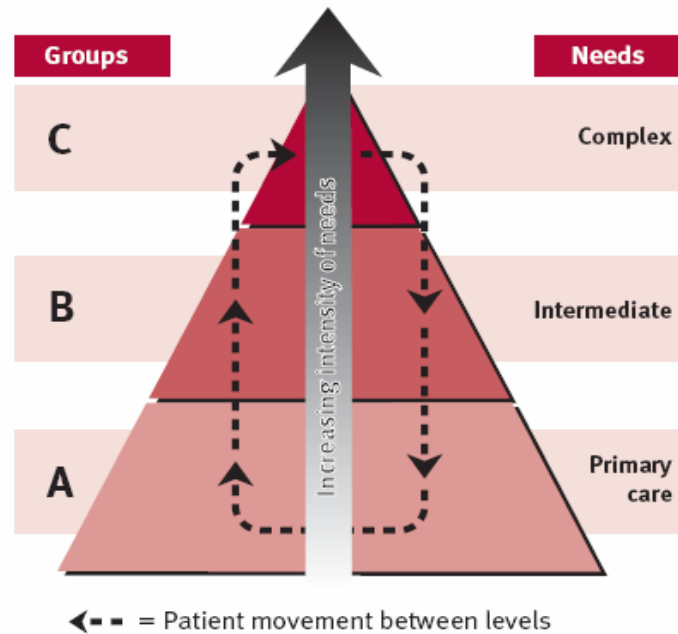


Figure 1: Conceptual model of level of need within the population of patients with a life limiting illness- from a Guide to Palliative Care Service Development. A population based approach (2005). Palliative Care Australia. Pg 13.

references

¹ *A Guide to Palliative Care Service Development: A population based approach* (2005) Palliative Care Australia.

² *A Guide to Palliative Care Service Development: A population based approach* (2005). Palliative Care Australia. Figure 1, pg 13.