Referral Guide - Western Australia

Services	Chronic Obstructive Pulmonary Disease (COPD)	Community Nursing		Community Specialist Palliative Care Service (CSPCS)	Continence Management and Advice Service (CMAS)	Domiciliary Oxygen	Health Navigator	Hospital at the Home (HATH)
		Commonwealth Home Support Programme (CHSP) Nursing	Complex Nursing					
Description	A nurse led coordination service for patients that have been discharged from a public hospital following a COPD related admission.	A community nursing service for non-acute, planned, predictable and maintenance care.	A community based complex nursing service that aims to divert care away from hospital settings. Patients are supported via shared care with their referring GP or other medical specialists (eg urologist).	A 24/7 interdisciplinary specialist palliative care service to support community based end of life care. Patients supported via shared care with their own GP or Silverchain palliative care team doctors.	A community based, nurse led management and advice service for patients with long term continence conditions.	A specialised service for patients with a chronic respiratory condition, needing oxygen therapy at home.	A nurse led virtual care coordination service for people in country areas with chronic disease.	A hospital substitution program of up to 2 nursin g visits per day and 24/7 clinical escalation. Clients predominantly supported via shared care with referring inpatient hospital team or Silverchain HATH GPs.
Geographic availability	Perth metropolitan area.	Perth metropolitan area. For regional areas, see locations over page.	Perth metropolitan area. For regional areas, see locations over page.	Perth metropolitan area.	Perth metropolitan area. For regional areas, see locations over page.	Perth metropolitan area.	Wheatbelt, Great Southern, and South West.	Perth metropolitan area.

Patients eligible for the service ✓	• 18 years and over.
	• Recent (within last 4 weeks) public hospital admission for an exacerbation of COPD.
	• Not on home oxygen.
		• 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander (ATSI) people.
		• Eligibility is screened by Silverchain nurses and is approved by My Aged Care.
			• 18 years and over.
			• Medically stable for home based care with a low risk of acute deterioration.
			• If pregnant, <20 weeks gestation.
			Cohorts also eligible:
			• Patients who have CHSP/ NDIS/ HCP services but the scope excludes Complex Nursing.
			• Children older than 13 if:
			  • Dosed as an adult.
			  • Not under a pediatrician's care.
			  • Have a responsible adult present.
				• Progressive, life limiting condition (malignant or nonmalignant).
				• Likely to die in the next year, months, weeks or days.
				• Requiring specialist palliative care advice, support and care at home for complex symptoms management.
					• 16 years and over.
					• Urinary and /or fecal incontinence for at least six months.
					• Financially disadvantaged (holder of a Pensioner Concession or Health Care card).
					• Permanent WA resident for at least six months.
						• 18 years and over.
						• Meet clinical criteria detailed in the Domiciliary Oxygen referral form.
						• Living in a home, hostel, or independent living facility.
							• 18 years and over.
							• Has one or more of: diabetes, heart disease, heart failure, chronic lung condition; or
							• Has two or more risk factors for the above conditions.
							• Contactable via telephone.
								• 18 years and over.
								• Medically stable for home based care with a low risk of acute deterioration.
								• If pregnant, <20 weeks gestation.
								Cohorts also eligible:
								• Patients who have CHSP/ NDIS/ HCP services but the scope excludes HATH service.
								Children older than 13 if:
								  • Dosed as an adult.
								  • Not under a pediatrician's care.
								  • Have a responsible adult present.

Patients not eligible for the service ✗	• Living in a residential aged care facility. • Is oxygen dependent.	• Receiving a Home Care Package (HCP) level 3 or 4.	• Receiving care from CHSP, DVA or HCP level 3 or 4. • Discharged from hospital within the last 14 days.	• Where the answer is No to any of the above criteria.	• Receiving a HCP level 3 or 4. • Living in a Commonwealth funded high level residential care home.	• Living in a residential aged care facility. • Currently a smoker. • Requires oxygen referrals for cluster headaches. • DVA Gold Card holder.		• Discharged from Peel Health Campus or Perth Children's Hospital.
Cost	These programs are funded by the WA Primary Health Alliance (WAPHA) and are free for patients with a referral.	Patients may be required to pay a co-contribution, based on their income. See silverchain.org.au/fees-and-charges	These programs are funded by the Department of Health WA (DOH) and are free for patients with a referral.				This program is funded by WAPHA and is free for patients with a referral.	This program is funded by the DOH WA and is free for patients with a referral.
How to refer	**GPs and health professionals can refer directly to these services, unless otherwise specified below.**							
	Requires referral from public hospitals. Go to silverchain.org.au/refer to us for the COPD form	Go to silverchain.org.au/refer to us for the Community Nursing referral form.	Go to silverchain.org.au/refer to us for the Community Specialist Palliative Care referral form.	Go to silverchain.org.au/refer to us for the CMAS referral form.	Requires referral from a Respiratory Specialist, or other referrers in accordance with the Domiciliary Oxygen referral form available on silverchain.org.au/refer to us	Go to silverchain.org.au/refer to us for the Health Navigator referral form	Go to silverchain.org.au/refer to us for the Hospital at the Home and Post Acute referral form.	

Referral notes

- For more information, eligibility, and referral forms go to silverchain.org.au/refer-to-us/western-australia
- Send completed referral forms and supporting documents to SCReferrals@silverchain.org.au or fax on: **1300 601 788**.
- A Silverchain Ambulatory Liaison Nurse may call the referrer for further information or clarification.

For further information

- call **1300 300 122**
- email SCReferrals@silverchain.org.au
- or visit silverchain.org.au/refer-to-us

Specialist Palliative Care

- For Specialist Palliative Care queries call **1300 512 322** and ask to speak to the Palliative Care Liaison Nurse 24/7.

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Services	Hospital Discharge Support (HDS)	In home aged care services: Commonwealth Home Support Programme (CHSP) and Home Care Package (HCP)	Post Acute Care	Priority Response Assessment (PRA)	Restorative Care Services (RCS)	Short Term Restorative Care (STRC)	St Patrick's Centre	Transition Care Program (TCP)
Description	A short term, goal orientated, allied health led reablement service for patients discharged from public hospitals.	A broad range of services to help keep clients in their home longer. Services can include personal care, cleaning, social support, respite, nursing, allied health, and dementia specialist.	Short term nursing care to support hospital discharge up to 21 days from a Perth metropolitan area hospital.	A service that provides advanced clinical assessment in the home and residential aged care facilities. Phone nursing support is available.	A 12 week, goal orientated allied health program focusing on preventing and delaying loss in function.	An 8 week, early intervention program of personal care, nursing and allied health to support daily living, access to equipment and minor home modifications.	A nursing clinic provided at St Patrick's Community Support Centre.	A 12 week program seeking to optimise function and independence of older persons after a hospital stay.
Geographic availability	Perth metropolitan area, South West and Great Southern.	Perth metropolitan area For regional areas, see locations below.	Perth metropolitan area.	Perth metropolitan area.	Perth metropolitan area, South West and Great Southern.	South West and Great Southern.	Fremantle.	Great Southern.

Patients eligible for the service	• 18 years and over.
	• Current inpatient.
	• Consents to referral.
	• Has a functional need requiring personal care.
	• Has achievable reablement goals and ability to engage in the program.
		• 65 years and over, or 50 years and over for ATSI people.
		• Assessments are via My Aged Care. See how to refer below.
		• If your patient already has approved funding they can call us on **1300 650 803** and we can schedule an appointment.
		• Private (self funded) options also available by calling us on **1300 650 803**.
			• 18 years and over.
			• Medically stable for home based care with a low risk of acute deterioration.
			• If pregnant, <20 weeks gestation.
			Cohorts also eligible:
			• Patients who have CHSP/ NDIS/ HCP services but the scope excludes Post Acute Care.
			• Children older than 13 if:
			  • Dosed as an adult.
			  • Not under a pediatrician's care.
			  • Have a responsible adult present.
				• 18 years and over.
				• Medically stable for home-based care with a low risk of acute deterioration.
				• If pregnant, <20 weeks gestation.
				• Referred by a medical practitioner; nurse from residential aged care, disability care facilities or group homes; or St John Ambulance direct referral.
				Cohorts also eligible:
				• Children older than 13 if:
				  • Dosed as an adult.
				  • Not under a pediatrician's care.
				  • Have a responsible adult present.
					• 65 years and over, or 50 years and over for ATSI people.
					• Have low to moderate functional needs.
					• Willing to participate to achieve goals.
					• Lives in their own home, retirement village or unit.
						• Goal orientated.
						• Experiencing a functional or cognitive decline that is likely to be reversed or slowed through high intensity, short term support.
							• 18 years and over.
							• Consents to service.
								• 65 years and over, or 50 years and over for ATSI people.
								• Valid ACAT assessment.
								• Consents to referral.
								• Inpatient, ready for discharge from public or private hospital.
								• Has realistic and functional goals.
								• Clients with existing HCP funding may be eligible to pause their HCP to access the TCP program.

Patients not eligible for the service	• Private patient in private hospital or in a private ward in a public/ private hospital. • Receiving NDIS funding or waitlisted for HCP. • Has needs that exceed the capacity of this service.		• Discharged from Peel Health Campus or Perth Children's Hospital. • Requires care longer than 21 days.	• Where the answer is No to any of the above criteria.		• Had a hospital admission 3 months prior to assessment. • Receiving end of life care. • Receiving HCP. • Has had TCP in last 6 months.	• Where the answer is No to any of the above criteria.	• Where the answer is No to any of the above criteria, including patients already discharged to the community.
Cost	This program is funded by the DOH WA and is free for patients with a referral.	Patients may be required to pay a co-contribution, based on their income. See silverchain.org.au/fees-and-charges	This program is funded by the DOH WA and is free for patients with a referral.	This program is funded by the DOH WA and is free for patients with a referral.	A daily fee may apply, assessed by Services Australia.		This program is funded by the DOH WA and is free for clients with a referral.	A daily fee may apply, assessed by Services Australia.
How to refer	GPs and health professionals can refer directly to these services, unless otherwise specified below.							
	Prior to discharge, call 1300 650 803 and ask to place an allied health Hospital Discharge Support referral.	Patients can visit My Aged Care at myagedcare.gov.au for more information or by calling **1800 200 422**. Alternatively, GPs can refer online to My Aged Care myagedcare.gov.au/make-a-referral	Go to silverchain.org.au/refer to us for the Hospital at the Home and Post Acute referral form.	Call **1300 300 122** and ask to speak to our Ambulatory Liaison Nurse.	Contact ACAT assessor via myagedcare.gov.au/make-a-referral or by calling **1800 200 422**.		Go to silverchain.org.au/refer to us for the St Patrick's Clinic referral form	Contact ACAT assessor via myagedcare.gov.au/make-a-referral or by calling **1800 200 422**.

Private Services

A range of nursing, allied health and aged care services can be provided on a fee for service basis. Referrers can call **1300 300 122**, or clients can call **1300 650 803** for current availability and to obtain a quote.

Silverchain WA country service locations

Services include Complex and CHSP nursing, and in home aged care, and are delivered within our centres or in patients' homes, depending on the location. In home aged care also available in Hedland, Karratha and Northam.

Albany: 91 Seymour Street
Carnarvon: 107 Olivia Terrace
Kalgoorlie: 19 York Street, Boulder
Bridgetown: 22 Peninsula Road
Collie: Collie Hospital, Steer Street
Margaret River: 7 Farrelly Street
Broome: U4 and 5, 2/9 Napier Terrace
Donnybrook: Donnybrook Hospital, Bentley Street
Pingelly: 6 Somerset Street
Busselton: 58 West Street
Geraldton: Suite 2, 114 Sanford Street
Toodyay: 79 Stirling Terrace
Bunbury: 1 Mitchell Crescent
Harvey: Harvey Hospital, Wright Street
Warren-Blackwood: Warren Hospital, Hospital Avenue, Manjimup

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