How to refer to Perth metropolitan services

silverchain

Services	Community Specialist Palliative Care	Hospital at the Home (HATH)	Post Acute Care	Complex Nursing	Domiciliary Oxygen	Chronic Obstructive Pulmonary Disease (COPD)	Continence Management and Advice Service (CMAS)	Hospital Discharge Service (HDS)
Description	**In home specialist palliative care services within the Perth metro area, includes palliative care nursing consultancy.**	**A hospital substitution program available 24 hours a day, seven days per week.**	**Post Acute Care available for 21 days post discharge from a Perth metro hospital.**	**For patients who need complex clinical services where regular oversight and decision making is required. Medical governance is retained by the GP or hospital clinician.**	**A specialised service for patients with a respiratory condition prescribed oxygen therapy at home.**	**A coordination service for patients that have been discharged from a public hospital following a COPD-related admission. This service is funded by WAPHA.**	**Community based management and advice service for patients with ongoing continence conditions.**	**Short term, goal orientated allied health led reablement service for patients discharged from public hospitals to achieve supported discharge and readmission.**
Patients eligible for the service 	Patient: • has a progressive, life-limiting condition (malignant or non malignant) • is likely to die in the next year, months, weeks or days.	Patient: • is medically stable • has a clear diagnosis • has a low risk of rapid deterioration • is aged 18 years and over • is less than 20 weeks pregnant • HCP/CHSP/NDIS (if scope of the subsidy excludes HATH services). Children older than 13 are eligible if: • dosed as an adult • not under a paediatrician's care • they have a responsible adult present.	Patient: • is medically stable • has clear diagnosis • has low risk of rapid deterioration • is aged 18 years and over • is less than 20 weeks pregnant. Children older than 13 are eligible if: • dosed as an adult • not under a paediatrician's care • they have a responsible adult present.	Patient: • is medically stable • has a clear diagnosis • has a low risk of rapid deterioration • is aged 18 years and over • is less than 20 weeks pregnant • HCP level 1–2 recipient of CHSP/NDIS if complex nursing required. Children older than 13 are eligible if: • dosed as an adult • not under a paediatrician's care • they have a responsible adult present.	Patient: • is 18 years and over • is a Medicare card holder • is living at home, hostel or independent living facility • fulfils the WA Department of Health prescribing guidelines.	Patient: • has a confirmed diagnosis of COPD • is a public hospital inpatient with admission related to COPD • is aged 18 years or over.	Patient: • is aged 16 years and over • has had intractable incontinence for more than six months • is financially disadvantaged • is a Pensioner Concession or Health Care card holder • has been a permanent resident in WA for the last six months.	Patient: • is a current inpatient • consents to referral • is aged 18 years and over • has a functional need requiring personal care • has achievable reablement goals and ability to engage in the program.
Patients not eligible for the service 	Patient: • where the answer is No to any of the above eligibility criteria.	Patient: • is a woman more than 20 weeks pregnant • has been discharged from Peel Health Campus or Perth Children's Hospital.	Patient: • has been discharged from Peel Health Campus or Perth Children's Hospital • requires care longer than 21 days • is a women more than 20 weeks pregnant.	Patient: • is currently receiving care from CHSP, DVA or HCP level 3–4 • has been discharged from hospital within last 14 days • is a women more than 20 weeks pregnant.	Patient: • is currently living in residential aged care facility • is currently a smoker • requires oxygen referrals for cluster headaches • is a DVA Gold Card holder.	Patient: • living in a residential aged care facility • is oxygen-dependent.	Patient: • is receiving HCP level 3–4 • is living in a Commonwealth funded high level residential care home.	Patient: • is a 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.
Referral forms	Community Specialist Palliative Care referral form	Hospital at the Home & Post Acute referral form	Hospital at the Home & Post Acute referral form	Community Nursing referral form	Domiciliary Oxygen referral form	COPD referral form	CMAS referral form Referral is completed by the GP	Hospital Discharge Support referral page

Referral notes:

- Referral forms can be downloaded from the Silverchain website at silverchain.org.au/refer-to-us/western-australia
- Please check referral eligibility and relevant clinical protocol.
- Send completed referral forms and supporting documents to email: **SCReferrals@silverchain.org.au** or, via fax: **1300 601 788**
- A Silverchain Ambulatory Liaison Nurse may call the referrer for further information or clarification if the referral form is not fully completed.

For further information:

- For referral queries call **1300 300 122** and ask to speak to the Ambulatory Liaison Nurse 24/7.
- For Specialist Palliative Care queries call **1300 512 322** and ask to speak to the Palliative Care Liaison Nurse 24/7.

SG0006-WA-22 - Digital version : January 2024