

Client Guide

FREE

# Improving your Health at Home

10 Steps on your Journey to Better Wellbeing



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# Glossary

Care coordination	Organisation and management of your care activities by a <i>Care Coordinator</i> , including sharing of information among all participants concerned with your care to achieve safer and more effective care. This service is offered by certain home care providers such as Care Assess that have <i>health professionals</i> available to independently work with and for clients.
Chronic diseases	Diseases that persist for a long time and generally cannot be prevented by vaccines or cured by medication.
Enablement	Special <i>wellness</i> services that are short term and specifically designed to minimise or reduce your functional decline.
Exercise physiology	Provision of exercise programs and lifestyle modification services to maintain or improve your health and fitness.
Health professionals	People with university-level training to work in any field of physical or mental health.
Occupational therapy	The provision of services or activities that aid you to regain independent function, enhance development and prevent disability.
Reablement	Special <i>wellness</i> services that are short term and specifically designed to increase or improve your functional independence.
Rehabilitation	Special health services to treat and resolve health issues.
Restorative care	Special <i>reablement</i> services for people assessed after illness or injury as requiring a clinical program to improve their <i>wellness</i> at home, providing evidence-based services led by allied health and other clinical care professionals.
Telehealth	Technology to assist services by exchanging data between you and <i>health professionals</i> .
Wellbeing	A state of being comfortable, healthy or happy; how you feel about your life.
Wellness	The active process of increasing overall <i>wellbeing</i> ; or a state of complete <i>wellbeing</i> – physically, mentally and socially – not just the absence of illness/sickness.

# Contents

Glossary	2
About this guide	3
What we know can work	4
1. Healthy ageing and active independence	6
2. Choosing an independent health professional to coordinate your care	8
3. Living well with chronic health conditions	10
4. Living well with complex health conditions	12
5. Responding in times of crisis with rapid support	14
6. Going to hospital when needed	16
7. Extra support when coming home from hospital	18
8. Improving your independence at home after illness or injury	20
9. Going into long-term residential care if you need to	22
10. Exercising choice and control when nearing end of life	24
Further information	26
Contact us	27

## About this guide

### More information

Care Assess specialises in coordination of services that enable more people to live well at home across Tasmania. Care Assess welcomes your feedback. To provide comment please email Care Assess at [feedback@careassess.com.au](mailto:feedback@careassess.com.au). For further information contact [www.careassess.com.au](http://www.careassess.com.au), or telephone 1300 393 812. To order FREE copies of this guide visit [www.careassess.com.au/guide](http://www.careassess.com.au/guide).

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## What we know can work

Tasmanians are staying healthy, active and independent for longer. However as we age we may face the challenge of living with frailty, chronic conditions, and a decrease in our level of independent functioning.

Aged care services can be difficult to navigate due to their complexity, though it does not need to be like this. If you are looking to improve your quality of life and care at home, then this guide is for you.

This guide aims to assist you to improve your quality of life and care at home as you age. It endeavours to provide you with information that we know can work for you, promotes high quality care, and puts you at the centre of that care. We want to help you to better understand how you can make a positive difference to your health, safety and *wellbeing* at home.

**Your Goal:** High-quality and coordinated home care that is centred on you – services that work ‘for’ you by working ‘with’ you to improve your ability to live well at home.

It’s about putting you at the centre.

## Wellbeing and wellness

Receiving high quality health and care services when you become ill or dependent is only part of the solution. It is essential that services focus on your *wellbeing* as well as respond to any adverse events that may affect your health. This not only avoids putting unnecessary pressure and cost on a health system that is already under pressure; services that focus on your *wellness* also improve your health and *wellbeing* at home through preventative and pro-active care.



There are many things that can impact on your *wellbeing* and quality of life; for example your ability to:

- remain at home in clean, warm and affordable accommodation;
- continue with your social activities;
- contribute to your family life and community;
- feel safe;
- maintain independence and your right to make choices,
- be free from discrimination; and,
- feel that your future care will not 'burden' your own family.
- Helping you achieve these goals should be the key purpose of all health and care services.

Services themselves are only one factor. There are a range of other people and groups in your local community who will also be important in helping you retain your health and independence.

The most significant person who can help you is yourself. In fact, effective health and care services should:

- assist you to manage your health and care as much as possible;
- enable you and your family to reduce your risk of developing new long-term conditions, or to live more comfortably with existing ones; and,
- help you to learn or regain the skills or abilities necessary for daily living.





# 1 Healthy ageing and active independence

**The Goal:** To enjoy a long and healthy life, feel safe at home and feel connected to your community.

## A healthy lifestyle

- It has been estimated that more than half of the burden of disease among people aged 60 and over is potentially avoidable by making lifestyle changes (The World Health Organization, 2011).
- Adopting a healthy lifestyle, regardless of age, can have positive health benefits; regular exercise, not smoking, reducing alcohol consumption, healthy eating, and preventing obesity can all have a beneficial effect upon long-term health.
- Tailored exercise programs provided by exercise physiologists have been proven to provide many benefits for balance, *wellbeing*, mobility, cognition and bone fragility, especially for older people.

## Adopt a long-term approach to your health and wellbeing

- Your current health and *wellbeing* has been affected by various factors over the course of your life so far; some of which you have had some control over, such as your lifestyle and housing, and others which were beyond your control such as your genetic make-up.
- To increase your likelihood of being able to age well, changes you make now can still have a positive effect on your health and can contribute positively to better *wellbeing* in the long run.

### Choose housing that is 'right' for ageing

- When looking at housing, be mindful of the future in terms of location, affordability, size, and local services.
- However, your existing house can be adapted with aids and technology to assist you with daily living and maximise your independence and safety.
- Adaptations and care packages can aid you in recovery after a hospital stay, allowing you to return to your own home.
- Timely adaptations that help you remain in your home can save you future long-term care costs. If you don't live within close proximity to local emergency services, forward planning in the case of an accident or illness can improve your safety.

### Minimise your social isolation

- Loneliness, social isolation and social exclusion all increase the risk of poor health.
- All health and care services should support your connection with your family, friends and community - so don't be afraid to ask.
- You can always volunteer for a community service yourself. Volunteer work can have a positive impact on your *wellbeing*.

### Management of health issues that limit your independence

- Over time you may experience health issues that do not require hospitalisation, but can have a significant impact on your independence, *wellbeing* and social engagement. For example, mobility problems, foot health, chronic pain, visual and hearing impairment.
- However, with the right advice and assistance, services can often be put in place to assist with these needs. Help with household repairs, minor property adaptations, and other practical support such as domestic assistance, personal care and social support are all available.
- It will significantly benefit your long-term independence if a health professional can identify and assess your needs early, and get a solution in place for you as soon as possible.







## 2 Choosing an independent health professional to coordinate your care

**The Goal:** You should benefit from care that is coordinated around the full range of your individual needs; and that truly prioritises supporting you to maintain your independence at home.

### Improving your quality of care

If you use more than once service, you should consider the services of an independent *health professional* who is able to coordinate your care, ensuring that all your providers and services work together in an integrated way. This can ensure that you benefit from the right mix of services (of those that are available to you), in the right place at the right time.

An independent *care coordinator* will improve your quality of care. Independent *care coordination* ensures better quality and client-directed care for you and your carer, including:

- Assessment and planning that fully identifies your needs, including your requests and goals, in order to optimize your health and *wellbeing* outcomes;
- Quality control, providing:
  - Maximum level of choice for you, with all direct-care services brokered without bias or conflict; and,
  - Flexibility of services, individually tailored to your needs, requests, and goals.
- Care management, provided by qualified *health professionals* (Registered Nurse or equivalent Allied-Health Professionals):
  - Applying evidence-based health practice; and,
  - Independent, professional assessment regarding all levels of need.



- *Reablement*, through the delivery of health coaching and *care coordination*, which provides:
  - Extra support, information and education - helping you and your carer prepare to best manage your ongoing or changing health conditions.
  - Coordination of care, through sharing of information and collaborating with other *health professionals* and care providers – increasing your access to planned support, which will maximise your health outcomes.

## Value for money

Independent *care coordination* not only provides better care for you, it also effectively increases the value of services offered to you.

Independent health *care coordination* can provide value for money by:

- Maximising your control and choice when working together as a team with your independent *care coordinator*;
- Enabling you and your *care coordinator* to optimise your individual situation to prioritise your:
  - Access (availability and timeliness);
  - Affordability (price and frequency); and,
  - Quality (appropriateness and safety).
- Providing increased accountability and transparency over service usage; and,
- Increasing the selection of resources available to provide your overall care, providing added services via a large referral network and linkages (including primary, allied health, and community care providers).





# 3 Living well with chronic health conditions

**The Goal:** To be assisted to live well and supported to live independently with chronic health conditions.

## Providing continuous and coordinated care

- If you are living with a chronic condition (for example diabetes, arthritis, or kidney and bladder problems) your doctor should be at the centre of your care, and you should meet with them regularly.
- Your doctor can make a big contribution towards your health and *wellbeing* by providing coordinated care centred on what you need.

## Coordinated care management provided by a personal health care team

- A good community-based *care coordinator* will provide you with a pro-active approach to care, involving ongoing assessment and planning for your needs and include a range of other health care providers as required.
- This can be a part of a wider program providing good access to primary prevention and care management services, as well as coordinating community-based packages of *reablement* or *rehabilitation* services (more on this in section 8).

## Involving yourself and your family in planning and coordinating your own care

- You will need to decide which available services and supports best suit your own circumstances and preferences.
- A good community-based provider will have a plan for achieving this, and assign you a *care coordinator* who will talk with you and your family to develop a straight-forward and complete care plan to meet your needs.
- Interventions and care plans only focusing on single conditions, rather than an overall approach to your health, can lead to duplication of services or issues being missed.

## Consumer Directed Care

- If you are receiving a Commonwealth funded home care package from an Approved Provider, you should check that you and your carer are offered the choice of directing your own budget and having control over who provides your care.
- You can also contribute your own direct care payments to top up your services if necessary.
- Your provider should also confirm that your budget allows for any emergency care needs if they arise.
- A personal care budget can have a positive impact on many aspects of your life, including being supported with dignity and respect, staying independent, being in control of support, as well as improved physical health, personal safety and access to care.

## Telehealth

- *Telehealth* is the use of technology to provide health services remotely in your home, for example the provision of health assessments via video conferencing.
- *Telehealth* can play an important role in the delivery of care that increases your safety if you live in a remote or rural location.
- Technology is also a valuable resource to help you stay connected with your family, friends and community.

## Providing support and education for family and volunteer carers

- Informal caregiving has a crucial role in maintaining your independence and *wellbeing*. Providing support for your carer is a key priority in improving your health at home.
- Don't forget the needs of your carer! Health and care providers can assist them too by providing them with services, and also by directing them to peer support, education, information, training, and respite.
- Incorporating carer support into your health and *wellbeing* plans is very important.







## 4 Living well with complex health conditions

**The Goal:** Health and care services supporting you to remain as well and independent as possible, and help avoid any deterioration or complications in your health or existing conditions.

### Recognising the importance of frailty

- Frailty can appear as fatigue, unexplained weight loss, frequent infections, confusion, and loss of balance or day-to-day instability.
- Even a relatively minor illness can cause a sudden decline in your ability to function independently at home.
- Recognising your degree of frailty is an important step in remaining as independent as possible and avoiding a rapid decline in your health.

### Assessment

- If you have a range of complex conditions, ongoing assessments are very important to fully diagnose your capabilities. This allows *health professionals* to create and keep a coordinated overall plan for your long-term treatment.
- Assessments will cover elements such as your medical, social, environmental and psychological situation, as well as your abilities to function day to day.

### The importance of exercise

- Exercise can improve your overall health and help with your daily activities.
- Don't be put off by the word 'exercise'! Any physical activity will do – it's just about becoming more active, which in turn will improve your *wellbeing* and independence.



- Being active in a group setting can also provide social benefits.
- Local exercise programs are a good example of light physical activity and can be relatively cheap.

### **Preventing falls**

- Falls can lead to serious injuries, loss of confidence and loss of independence at home. Falls are a leading cause of hospitalisation and can quite often result in long-term care.
- Preventing a fall is a priority when trying to increase your health at home.
- In order to prevent falls, risk factors need to be identified and addressed. Fall risks include postural instability, muscle weakness, visual impairment, hazards within the home and side effects from some medications.

### **Providing care for people with dementia**

- Accurate and early diagnosis of dementia is very important. It enables the provision of timely information and support for you and your carer that can prepare you for when the condition begins to interfere with daily living.
- Training and education for carers is essential because it provides strategies to help care for someone suffering from dementia. It also assists them navigate the additional care options that are available.

### **Reducing inappropriate medication**

- If you have multiple conditions you are likely to be on multiple medications.
- *Health professionals* need to prescribe medication with a full understanding of all the medications you are taking as well as your ability to follow medication regimes.
- To help you receive the most appropriate treatment, health care providers need to plan regular reviews and adjust your medication as required. It is important to discuss any concerns about your medication with a health professional as soon as possible.





## 5 Responding in times of crisis with rapid support

**The Goal:** To have rapid access to urgent care, including alternatives to hospitals when your health or independence deteriorates (such as urgent primary care and rapid, coordinated home care).

- In the event of a medical emergency
  - Call 000; and,
  - Ask for “Ambulance”.

### Continuity of care

- Regular visits with your doctor may reduce your chances of an unplanned trip to hospital.
- Fragmented home care in your older age can compromise the quality of your health and *wellbeing*. The provision of regular (annual) health assessments by your doctor will help ensure you receive the most appropriate range of services. A community-based *care coordinator* can conduct in-home comprehensive medical assessments on behalf of your doctor if this will help keep you safe and living independently at home.
- Take the time to communicate clearly with your home care providers and *health professionals*. This will help increase the likelihood of seamless service delivery for you.

### Urgent primary care

- If you have complex needs, your health can deteriorate rapidly at any time, sometimes unexpectedly.
- Knowing who to call in a crisis and doing it quickly is very important.
- If this happens, you need effective and fast support from a health professional who best understands your individual circumstances and conditions.
- A health professional can assess your level of risk, and ensure you are able to access out-of-hours advice and in home support services when necessary.

### Providing urgent, coordinated home care

- Knowing which home care providers are available to you is important, as they will have *health professionals* who can respond rapidly in a crisis including out of hours care.
- You should receive quick assessment of your care and support needs if required.
- A home care provider may be able to stabilise the situation and put together a care plan that avoids an unnecessary trip to the hospital or to long-term residential care.

### Understanding emergency services and ambulance

- Going to hospital may not always be the best option for you in a health crisis.
- A trip to hospital can introduce a number of risks, such as infection, stress and a decrease in your level of confidence at home.
- Remember that if you go to hospital and your health does not require you to be admitted to hospital, their staff will need to send you home so that you can be assessed by a health care provider in the community.
- Ambulance services also play an important role in allowing you to remain at home when hospitalisation is avoidable.
- Paramedics are trained in helping people to remain at home when appropriate, such as providing initial management and stabilisation for a variety of conditions.

### Using technology to reduce the risks of a health crisis

- There are a range of technologies available to support you at home, such as teleconference facilities that can enable *health professionals* to assess if you need immediate care.
- Technology can reduce your risk of hospitalisation or moving to long-term care, however it will not be as effective without access to a range of other services, such as basic home support services or home nursing if needed.
- *Telehealth* can also allow regular communication with family, carers and health providers, making it easier for people to contact you and make sure you are ok.





## 6 Going to hospital when needed

**The Goal:** Hospitals should provide you with care and access to specialist services that are centred on you and your needs.

### Being assessed comprehensively

- Hospitals are faced with significant numbers of older people seeking care due to issues such as falls, immobility, confusion, or an inability to manage at home.
- By assessing you fully, the hospital will be able to better organise long-term assistance for you that may allow you to remain in your own home for longer.
- Hospital medical staff will attempt to identify reversible medical problems, plan *rehabilitation* goals and organise supports you may require when returning home.

### Safety and prevention in hospital

- Safety is a key priority for you in hospital; for example, staff are responsible for preventing falls, pressure sores, hospital acquired infection, and medication errors.
- Maintaining the continuity of your care is very important. Make sure you know who the health professional coordinating your care is, and make sure your carer or family know who this is too.
- If your ward staff can allow it, you should try to stand and move about as early and as often as possible. They may even need to monitor your levels of mobility for your entire stay in hospital.

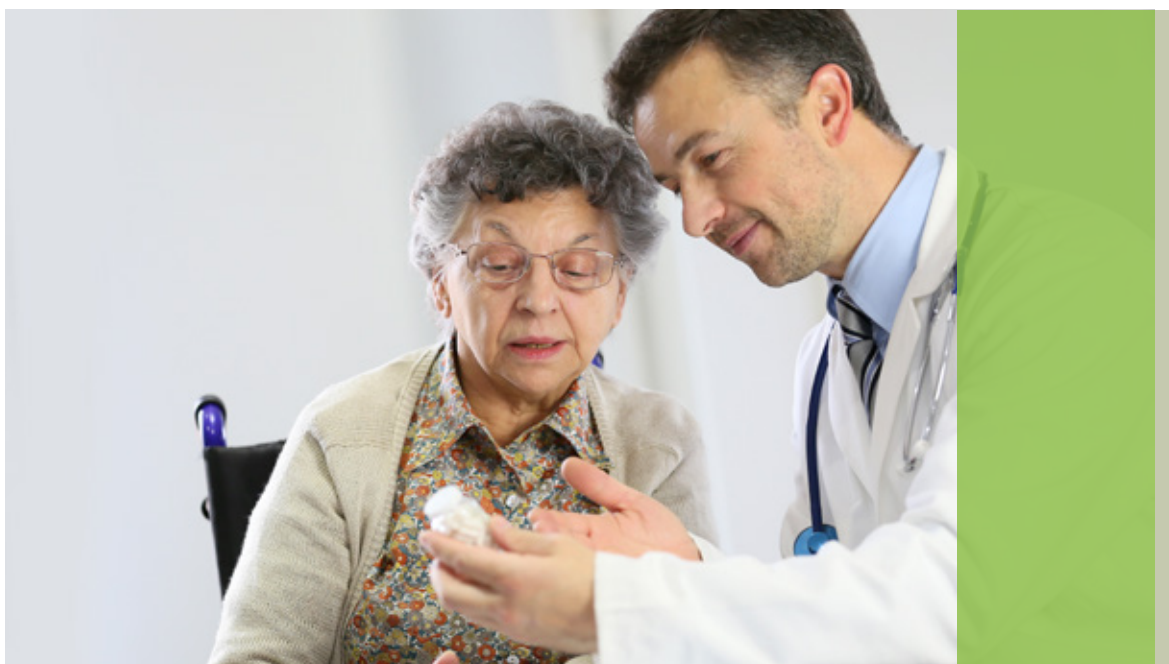


### **Dignified care that is centred on you**

- Providing feedback to any health and care provider of your experience with their services will help them improve their quality of care.
- Participate as much as possible, and involve yourself and your carer in the planning and delivery of services.
- Ask service staff for as much information as possible to help your carer be prepared for their role in assisting you when you return home.
- You should feel free to raise any concern you have with health and care staff at any time.

### **Reducing your time in hospital**

- There are a number of things you can do to help minimise any delay in going home from hospital.
- Contact a *care coordinator* as soon as possible to help plan and provide services that aim to maximise your health and *wellbeing* in preparation for your trip to hospital, as well as afterward.
- Ask staff to refer you to community services well before you expect to be leaving hospital.
- If you are already receiving community services before going into hospital, tell your service provider(s) about your hospital stay if you can, so that they can stop your services while you are in hospital and be ready to support you as soon as it is safe for you to go home.





## 7 Extra support when coming home from hospital

**The Goal:** From your first contact with the hospital, planning needs to start for your return home. The hospital and home care providers should work with you and your carer to ensure that you can leave hospital safely once your health treatment is complete. Good after-hospital support will reduce the chance of re-entry into hospital.

### Early assessment and planning to go home successfully

- As part of your daily review, hospital staff will focus on whether you need to stay, and if not, what you require in order to go home safely.
- The hospital should start planning for you to return home (or transfer) before or soon after you arrive.

### Involving you and your carer in your plans to go home

- Hospital staff should involve you and your carer in planning so that you can make informed decisions and choices that will maximise your independence.
- Getting involved reduces your risk of needing to go back into hospital after coming home.
- Ask the hospital when you can expect to be going home so you have enough notice and can be prepared.
- Identify goals and any concerns you have about going home.
- Ask for a health professional or a *care coordinator* who you can contact if there is a problem.

### Assessment and support after leaving hospital

- After leaving hospital, a professional health assessment in your home and short-term home support can reduce the risk of returning to hospital or losing your independence at home.
- A 'transitional care package' may be available to provide *rehabilitation* and additional support after leaving hospital. This program is always organised by the hospital.
- Your local home care providers should also be able to provide you with short term home support services that are tailored to your needs, such as personal or domestic help.
- Specialised *reablement* programs may be available to provide aids and equipment, personal care, nursing and allied health interventions for a short period to help you learn or re-learn how to manage your health at home.
- Short term support to provide domestic assistance, home improvements, and volunteer services can help you recover and regain your independence at home.

### Investing in your health and care services

- Don't under estimate the value of your own contribution to your care – it is important and can make all the difference towards achieving a great outcome for your health.
- You can contribute many things to your own health – a financial investment in your care can result in significant health benefits.
- In fact, the more you give towards your care, the more you will get out of it.
- Like any investment, it takes a leap of faith, but not a blind one – if you know that support services will significantly benefit your health, your own contribution will increase your ability to receive and benefit from them.







## 8 Improving your independence at home after illness or injury

**The Goal:** You should receive *reablement* services, *restorative care* and *rehabilitation* when needed. The hospital should assist if needed with *rehabilitation* services, but most *reablement* and *restorative care* services are best provided in your home setting.

### Reablement services

- *Reablement* is a relatively new approach to delivering care and support to you in your own home that differs from your traditional home care. It is based on the *wellness* approach of working 'for' you by working 'with' you to improve your ability to care for yourself at home.
- *Reablement* services provide short term programs of support to help you learn or re-learn daily living skills or abilities. Service providers coach you in how to better manage daily tasks for yourself, rather than simply doing them for you.
- Your goals may include mobility, self-care, continence, domestic activities such as food preparation, continuing with hobbies and social activities like visiting friends or walking to the shops.

### Restorative care

- *Restorative care* is a special type of *reablement* for people who have been assessed after illness or injury as requiring a clinical service to improve their *wellness* at home.
- *Restorative care* provides evidence-based programs that are led by *health professionals* who are qualified to work with you to improve your independence at home if your needs require the input of allied health and other clinical care providers (such as Occupational Therapists, Exercise Physiologists and Nurses), as well as a short term increase in basic home support.



## Rehabilitation services

- *Rehabilitation* is a health service that speeds your recovery from an illness or injury through the use of physical and *occupational therapy*.
- *Rehabilitation* services are time-limited, often for periods of six to twelve weeks, and are usually delivered in hospital settings by health providers.

## Successful transition from reablement, restorative care or rehabilitation

- At the end of a period of *reablement*, *restorative care* or *rehabilitation*, if you are assessed as having ongoing needs for support, it is important that services are coordinated to ensure you maintain the progress you have already made.
- The team providing your *reablement*, *restorative care* or *rehabilitation* will need to work through this transition together with your ongoing home care provider.
- If you do not have ongoing care, your service provider should refer you and your carer to available programs.

## Assistance from aids, equipment and technology

- Basic aids, equipment and simple home modifications can play an important role in allowing you to remain independent and at home.
- The use of everyday and low cost technology can improve your ability to manage at home and achieve your goals.
- 'Assistive technologies' range from adaptations to your home (e.g. ramps and handrails) to personal aids and equipment (e.g. shower chair), to home appliances and communication devices (e.g. tele-monitors and smart phones).
- You can use inexpensive devices to improve almost every area of your daily life; for example, your mobility, personal care, continence and toileting.
- Additionally, an occupational therapist can help you by analysing your daily tasks and by working with you, simplify them so you can achieve more.





## 9 Going into long-term residential care if you need to

**The Goal:** Entering long-term residential aged care should be a positive choice and only be made after appropriate *reablement* and *rehabilitation* services have been explored.

### Determining your need for long-term residential care

- If you or your carer are considering long-term residential care, you should have a complete assessment made of all your care needs.
- You also need to make sure that you have had appropriate treatment of any health problems that may have influenced your decision to move, including the provision of *reablement* and *rehabilitation* services.
- Wherever possible, you should not move into long-term care directly from hospital.
- You need to make sure you have fully considered alternatives such as a program of enhanced home support and the use of aids, *telehealth*, home modification services, a move to age-friendly housing, seeking carer support or end-of-life care at home.
- You and your carer need to be fully informed and completely involved in any decisions about the location of your future care.

## Information sharing

- If you move into a residential care home, there needs to be a timely transfer of your health information so health care staff can build on your assessment and provide you with the care you need.
- This is important for your continuity of care, even when you change your doctor or other health care professional due to relocation.
- If you have a community nurse working as your *care coordinator* or 'case manager' (before going into residential care), they can also help with health information and talk with specialists and other services, such as the pharmacy (for medication reviews).

## Comprehensive Medical Assessments

- Medicare fund annual health assessments for residents of care homes, which can be conducted by a nurse on behalf of your doctor. These "comprehensive medical assessments" can provide further information to improve your health and care, and can be provided by a community-based *care coordinator* on behalf of your doctor.
- Assessment of your health should be a continuous and regular process, not a one-off event when you enter the care home.





# 10 Exercising choice and control when nearing end of life

**The Goal:** To receive help when nearing your end of life to discuss and make plans. End-of-life care services should provide you with high-quality care, support, choice and control, including the ability to remain at home.

## Identifying goals when nearing end of life

- Where possible, you should identify your care goals including matters such as under what circumstances you want your treatment to stop.
- Early involvement in planning your care will increase your choice, control and support and the likelihood of being able to die at home if you wish.

## Advance care planning

- Talking about dying is difficult for everyone, including for *health professionals*.
- However, your doctor and/or health professional should start conversations about end-of-life care with you as soon as they are aware that you may be approaching it.
- A conversation exploring your understanding of your condition and assessing your physical, mental, social and spiritual needs, will help you to set goals. It will also allow your doctor to make referrals to community end-of-life care teams, or other relevant health and home care professionals as required.
- Advance care planning is important to guide treatment decisions for the future. It will allow you to choose a family member or carer as a decision-maker on your behalf if necessary.
- An Advance Care Plan will help make sure that your needs, goals and desires are met – but don't see this as a one-off event; communication with *health professionals* and your carer should be an ongoing process.



### **Specialist end-of-life care services**

- Tasmania has well-developed end-of-life care services; your home care provider should know when and how to access these supports and services if appropriate.

### **Supporting care home residents to die in the care home rather than in hospital**

- If you are living in a residential aged care facility, you need to know that you do not have to go to hospital when you are very near the end of life, because you can (with the right support) remain in residential care, if you wish to.

### **Providing home-based end-of-life services**

- Home care providers with nursing services can provide overall end-of-life care services, including health professional primary care and emotional support if you choose to remain at home.
- Tasmania also has dedicated programs that your home care provider should know about, which can offer in-home, community based packages to help Tasmanians who have indicated a preference to die at home.

### **Your involvement and your carer**

- Your provider should follow a personalised care plan, and you, your carer and family should have as much involvement in that plan as you want and are able to provide.
- You should be in regular contact with your provider - know their name and how to contact them.
- You should also receive regular assessment and management of your symptoms, and be provided with psychological, social and spiritual support as well as physical support.



# Further information

The following websites provide a range of useful information to further help improve your health at home:

## **Tasmanian resources**

- Care Assess at: [www.careassess.com.au](http://www.careassess.com.au)
- Council of the Aging Tasmania at: [www.cotatas.org](http://www.cotatas.org)
- Department of Health and Human Services at: [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)
- Hospice@HOME at: [www.hospiceathome.org.au](http://www.hospiceathome.org.au)
- Tasmanian Government Concessions at: [www.concessions.tas.gov.au](http://www.concessions.tas.gov.au)
- Tasmanian Medicare Local at: [www.tasmedicarelocal.com.au](http://www.tasmedicarelocal.com.au)

## **National resources**

- Alzheimer's Australia at: [www.fightdementia.org.au](http://www.fightdementia.org.au)
- Australian Institute of Health and Welfare at: [www.aihw.gov.au](http://www.aihw.gov.au)
- Department of Social Services at: [www.dss.gov.au](http://www.dss.gov.au)
- Heart Foundation at: [www.heartfoundation.org.au](http://www.heartfoundation.org.au)
- My Aged Care at: [www.myagedcare.gov.au](http://www.myagedcare.gov.au)
- Palliative Care Australia at: [www.palliativecare.org.au](http://www.palliativecare.org.au)
- The Royal Australian College of General Practitioners at: [www.racgp.org.au](http://www.racgp.org.au)

## **International resources**

- Social Care Institute for Excellence at: [www.scie.org.uk](http://www.scie.org.uk)
- The King's Fund at: [www.kingsfund.org.uk](http://www.kingsfund.org.uk)
- World Health Organization at: [www.who.int/en](http://www.who.int/en)

# Contact us

To call or fax a Care Assess local office in your area:



**1300 393 812**



**1300 394 703**

## **South**

Level 2, 6 Bayfield St, Rosny Park 7018

## **North**

1/403 West Tamar Highway, Riverside, 7250

## **North West**

43 Best St, Devonport 7310

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to live well at home  
across Tasmania”

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