Responding to an Ageing Population: system-Level Redesign of Palliative Care in Residential Aged Care Homes

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KEYWORDS
Ageing population, Residential aged care; Specialist palliative care; system redesign

EXECUTIVE SUMMARY (100 words maximum)
Australia's ageing population is driving rapid growth in demand for palliative care in Residential Aged Care Homes (RACH), exposing limitations in traditional, consult-based specialist models. This Comprehensive Palliative Care in Aged Care (CPCiAC) funded project undertook a system-level scoping review to identify safe, efficient, and sustainable palliative care delivery within the Illawarra Shoalhaven Local Health District. An extensive district-wide scoping review—incorporating service data, stakeholder consultation, and workflow mapping—identified three scalable models: an Integrated Care Model, a modified Consult-Liaison Model, and a Reverse Needs Round Model. Each model aims to strengthen collaboration, reduce low-value care, support the RACH workforce, and better meet the needs of an ageing population.

INTRODUCTION
Population ageing is reshaping palliative care demand across NSW, with increasing numbers of older people living—and dying—in Residential Aged Care Homes (RACH). This shift has created growing pressure on health services to deliver coordinated, high-quality palliative and end-of-life care within aged care settings.

METHODOLOGY/ PROCESS
A quality improvement approach was used to conduct a service-wide and system-level scoping review between August and December 2025.

Methods included analysis of service activity and PCOC data, mapping of referral and escalation pathways, RACH surveys, care manager focus groups, GP consultation, multidisciplinary workshops, and review of contemporary evidence.

RESULTS/ OUTCOMES
Three models were identified as suitable for further consideration:

1. **Integrated Care Model**
   This model proposes collaboration between SPCS, GPs, with ACOS aligning triage with tiered specialist palliative care input.
2. **Consult-Liaison Model with Modifications**
   This model retains existing model while introducing increased telehealth, outpatient-style scheduling, and refined referral criteria.
3. **Reverse Needs Round Model**
   This model allows RACH clinicians to access scheduled specialist advice without formal referral.

CONCLUSION
As Australia's population ages, palliative care systems must evolve toward proactive, integrated models. This project demonstrates how targeted system redesign can. The findings provide an evidence-informed foundation for future service redesign aimed at improving end-of-life care outcomes for residents and supporting care delivery within RACH.