



End-of-Life Pathway Form

When to use this form

This form is used to document the necessary medical evidence for accessing the End-of-Life Pathway under the Support at Home program. The End-of-Life Pathway under the Support at Home program supports participants who have 3 months or less to live and wish to remain at home by providing an increase in the level of in-home aged care services.

A participant seeking access to the End-of-Life Pathway must complete all relevant sections and present this form to a medical practitioner or nurse practitioner for completion.

This form is then reviewed as part of an aged care assessment to confirm eligibility for the End-of-Life Pathway.

Eligibility criteria

A medical practitioner or nurse practitioner must complete Part B (Medical Assessment) of this form.

To be eligible for the End-of-Life Pathway, a participant must have 3 months or less to live and an Australia-Modified Karnofsky Performance Status (AKPS) score of 40 or less.

Further information can be found at Appendices A and B.

Completing this form

Please ensure all sections of this form are completed.

The Department of Health, Disability and Ageing (the department) may contact the participant or their representative at stages to clarify parts of this form.

All questions are mandatory unless stated otherwise.

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

If you have a printed form:

- use black or blue pen
- print in BLOCK LETTERS.

Returning this form

Please see Appendix C – How to submit the **End-of-Life Pathway Form** for information on how to return this form.

Further information can be found at www.myagedcare.gov.au

You may like to contact My Aged Care on 1800 200 422 (free call) between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays.

You can see an **Aged Care Specialist Officer** (ACSO) in person at select Services Australia centres. You can book an appointment to see an ACSO by calling 1800 227 475 on weekdays from 8am to 5pm.

Eligibility for the End-of-Life Pathway

The eligibility requirements for accessing the End-of-Life Pathway are:

- a medical practitioner or nurse practitioner confirming an estimated life expectancy of 3 months or less, and
- a score of 40 or less on the Australian-modified Karnofsky Performance Status (AKPS) scale

Medical assessment requirements

The medical assessment must be conducted by either a medical practitioner or nurse practitioner operating within their scope of practice and recorded in Part B of this form.

The medical assessment is used to make a determination on eligibility for the End-of-Life Pathway under the Support at Home program. If eligibility requirements are not met for the End-of-Life Pathway, the participant will be referred for a standard aged care assessment.

AKPS Scale

The AKPS is a measure of an individual's overall performance status or ability to perform their activities of daily living. The AKPS measures performance across the dimensions of activity, work and self-care. An AKPS score of 100 signifies normal physical abilities with no evidence of disease. Decreasing numbers indicate a reduced ability to perform activities of daily living. For more information please see Appendix B.

Appendix B: Australia-modified Karnofsky Performance Status (AKPS) scale

General description

The Australia-modified Karnofsky Performance Status (AKPS) scale is a measure of the individual's overall performance status or ability to perform their activities of daily living.

Assessment scale

The AKPS is a single score between 0 and 100 assigned by a clinician based on observations of an individual's ability to perform common tasks. A score of 100 signifies normal physical abilities with no evidence of disease. Decreasing numbers indicate a reduced ability to perform activities of daily living.

AKPS ASSESSMENT CRITERIA	SCORE
Normal; no complaints; no evidence of disease	100
Able to carry on normal activity; minor sign of symptoms of disease	90
Normal activity with effort; some signs or symptoms of disease	80
Cares for self; unable to carry on normal activity or to do active work	70
Able to care for most needs; but requires occasional assistance	60
Considerable assistance and frequent medical care required	50
In bed more than 50% of the time (note: can also mean 'in a chair more than 50% of the time')	40
Almost completely bedfast	30
Totally bedfast and requiring extensive nursing care by professionals and/or family	20
Comatose or barely rousable	10

Reference

Abernethy AP, Currow DC, Shelby-James T, Fazekas BS & Woods D (2005) The Australia modified Karnofsky Performance Status (AKPS) scale: A revised scale for contemporary palliative care clinical practice. *BMC Palliative Care*, 4 (1)

I am currently receiving Support at Home services

If you are currently receiving services through Support at Home, you can either:

- ask your current aged care provider to request an urgent Support Plan Review to access the End-of-Life Pathway OR
- contact My Aged Care on 1800 200 422 or visit an Aged Care Specialist Officer (ACSO) at a Services Australia service centre to request access to the End-of-Life Pathway.

You can provide this completed End-of-Life Pathway Form to your current provider who will upload it as part of their Support Plan Review request, or you can bring it along at the time of your assessment.

I am NOT currently receiving Support at Home services

If you are not currently receiving services through Support at Home, you can either:

- ask your medical practitioner or nurse practitioner to upload the completed form through the 'Make a Referral' online tool online at My Aged Care or their own 'GP e-referral' option through their medical practice, which will trigger a request for a high priority aged care assessment OR
- apply online for a high priority aged care assessment via the My Aged Care website. You will need to provide the completed End-of-Life Pathway Form to your assessor at the time of your assessment (completed by a medical practitioner or nurse practitioner) OR
- contact My Aged Care on 1800 200 422 or visit an Aged Care Specialist Officer (ACSO) at a Services Australia service centre to request a high priority aged care assessment for the End-of-Life Pathway. You can then provide the completed End-of-Life Pathway Form at the time of your assessment (completed by a medical practitioner or nurse practitioner).

Participant's details

- [illegible]

Participant's Consent

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles. The department is collecting personal information in this form for the primary purpose of determining if you are eligible to enter the End-of-life Pathway and facilitating the provision of care to eligible participants. The department may disclose information collected in this form to medical practitioners, nurse practitioners and staff of home care providers, so care can be provided that is appropriate to the participant's circumstances and needs, as well as supporting allocation of person-centred subsidy as outlined under the *Aged Care Act 2024*. By providing your personal and sensitive information to the department, you consent to the department collecting that information about you for the purposes indicated above. The medical practitioners, nurse practitioners and aged care service providers, who may collect personal information contained in this form, are also subject to privacy obligations. For more information, access our detailed privacy notice via www.myagedcare.gov.au/privacy

I acknowledge that I have read or have had the contents of this form explained to me and if eligible consent to receive care under the End-of-Life Pathway.

- ☐ I am the participant receiving care
- ☐ I am a registered supporter of the participant and I have their consent to communicate information on their behalf including their will, preferences and decisions. I am signing to communicate the participant's consent.
- ☐ I am a legal representative of the participant and have already registered with My Aged Care, including providing the legal documentation that grants me authority to act on the participant's behalf
- ☐ I am a legal representative of the participant and have not registered with My Aged Care, including providing the legal documentation that grants me authority to act on the participant's behalf – please also complete the **Appointment of a Support Person Form** and attach it to this form.

Full name (if not the participant)

- Date (DD/MM/YYYY)



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If you would like more information about accessing or correcting your personal information or how to make a complaint, please go to our Privacy Policy at www.myagedcare.gov.au/privacy

PART B – Medical Practitioner or Nurse Practitioner to complete

Medical Assessment

12. Patient's first given name/s

Last name

13. Medical Assessment

What is the patient's estimated life expectancy (in months)?

What is the patient's Australia-modified Karnofsky Performance Status (AKPS) scale score?
(refer to the AKPS Scale at Appendix B)

Medical Practitioner or Nurse Practitioner details

14. Practice details (provider stamp accepted)

Practice name

Practice address

Postcode

Practice contact phone number

Email

15. Australian Health Practitioner Regulation Agency ID number

16. Medicare Provider Number

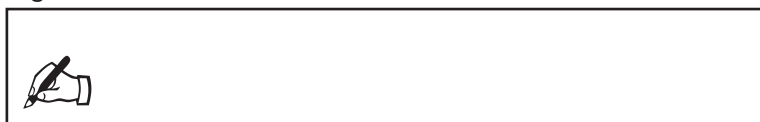
17. Practitioner type

☐ Medical Practitioner ☐ Nurse Practitioner

18. Assessment date (DD/MM/YYYY)

19. Full name of medical practitioner or nurse practitioner

20. Signature



Date (DD/MM/YYYY)

Any amendments to this section of the form must be signed by the medical practitioner or nurse practitioner.