

APPENDIX A

REFERRAL CRITERIA FOR ADULT PALLIATIVE CARE SERVICES IN THE WELLINGTON REGION

The Wellington region includes Wellington City, Porirua and Kāpiti (up to and including Peka Peka).

The patient needs to meet the following criteria to be eligible for referral to the Hospice Specialist Palliative Care team (SPC). If there is any doubt about eligibility, the referrer can telephone the Hospice to discuss this further.

1. **The patient has active, progressive and advanced disease.**

Patients eligible for **Specialist Palliative Care** are those with active, progressive, advanced disease for whom prognosis is limited and the focus of care is quality of life.

2. **The patient has a level of need that exceeds the resources of the primary palliative care provider.**

Specialist Palliative care services “provide direct management and support of patients, their families and whānau, where more complex palliative care need exceeds the resources of the primary palliative care provider¹.” The level of input is **needs-based** rather than based on diagnosis or prognosis.

Examples of this include:

- uncontrolled or complicated symptoms not responding to measures utilised in primary care
- specialised nursing requirements relating to mobility, functioning or self-care
- emotional or behavioural difficulties related to the illness, such as uncontrolled anxiety or depression
- concern or distress involving children, family or carers, physical and human environment (including home or hospital), finance, communication or learning disability
- unresolved issues around self-worth, conflict relating to cultural identity and connection, loss of meaning and hope, suicidal behaviours and complex decisions over the type of care, including its withholding or withdrawal
- those that are estranged from family and/or have no other access to support in their palliative journey

3. **The patient must agree to referral if competent to do so.** For those who are deemed not competent then an advocate who has enduring power of attorney or who has been legally appointed, may agree on their behalf. For patients that do not an enduring power of attorney next of kin can be advocates.

4. **The patient has New Zealand residency or has reciprocal rights and is resident within the DHB area.**

(If the patient is not a New Zealand resident the Hospice Chief Executive must agree whether to accept patient to service).

¹ Ministry of Health (2013) The Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand. Ministry of Health

5. The patient is registered with a local primary healthcare provider.

Hospital inpatients without a GP must have this addressed prior to discharge if a Hospice or community palliative care referral is made.

It is not anticipated that the Mary Potter Hospice team will take over the full medical treatment of the patient. The Mary Potter team will work alongside the patient's primary care and hospital specialist teams to provide integrated, optimal health care at the end of life.

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