Information for Referrers to Support the Referral Process

Mary Potter Hospice is a specialist palliative care service, supporting patients in the last 12 months of life, with complex symptoms which are unable to be managed by Primary Health Care providers. Referrals to Mary Potter Hospice require certain information to support the triage team to assess the request against our “access to service criteria”. A Referral form that is complete with relevant information will expedite the referral process and incomplete referrals may be declined.

Please refer to the Mary Potter Hospice website for further information.

The information required for any referral sent to the Hospice is:

- Name, DOB, NHI, GP or principal provide of primary care
- Address and correct phone number
- Please note that unless the patient has consented to the referral we cannot progress the referral. There are some exceptions if there is an issue with their ability to consent in which case please discuss this with our triage team
- Diagnosis
- Prognosis
- Urgency of the referral (please note referrals are assessed by the Triage Team Monday to Friday 8.00am - 4:30pm). If the referral is urgent please phone the Triage Team so we can discuss the case and act on it rapidly
- A description of the issues/symptoms and what treatment has been tried already, including medications utilised in the past. Please note any allergies (patients often are unable to tell us these). Please also include a list of the patient’s present medications.
- How is the person functioning? - mobility, activities of daily living etc.
- An expected outcome of the referral – What is the specialist palliative care need you are referring the patient for?

If you feel that the patient needs input from more than one multi-disciplinary team professional, please note this on the referral – you will find examples of what we can provide below:

Additional Information to Support Hospice Referral

Nursing:

- Specifics of complex symptoms that are challenging for the primary care team to manage
- Please be aware that we do not accept referrals that are for the sole purpose of providing after hours support.

Physiotherapy and Occupational Therapy (OT):

- The OT can support non-pharmacological management of stress/ pain/ anxiety/ breathlessness/lymphoedema and education of the carer if this is a specialist palliative care issue (e.g. not a chronic symptom that existed prior to the palliative care diagnosis)

- Level of function: What can the patient do for themselves? What do they realistically wish to do for themselves? Are there concerns regarding their ability to perform Activities of Daily Living management in relation to function, fatigue and breathlessness?
- Please do not refer for occupational therapy if the patient is already under the care of a community occupational therapist. Physiotherapy is not provided in the community.

Social Work:
- Is any other agency, NGO or social work service involved?
- What is the specific palliative care SW support requested?
- Advance Care Planning is unable to be provided as a stand-alone service.

Counselling support for whanau:
- Counselling support is only provided to whanau who have a family member in service. The only exception is for whanau who have had a family member in the care of another Hospice outside of the Greater Wellington region on a reciprocal basis.

Medical :
- Specifics of medical input and specialist support required – e.g. management of complex symptoms not responding to primary care interventions. Note we are not experts in chronic pain and this is best referred to the hospital
- What medication is already in place/has been tried already
- Is advice only required? The Hospice can consult with Primary Healthcare and offer telephone advice and support without the patient needing to be accepted into our service.

Other:
If the patient requires personal care, home care, respite or assessment for Aged Residential Care please request a Needs Assessment and Service Coordination (NASC) for Older Persons and specific "palliative care" needs assessment for:
Personal care support/Home care support/Respite care/Assessment for admission to a residential care facility. This is not a service that the Hospice provides.

If you require any additional information regarding referrals, please telephone (04) 801 0006 and ask to speak to a member of the Triage Team. The Triage Team are available Monday – Friday 8.00am – 4.30pm.

Please see below additional service criteria.

Hospice Admission-to-service criteria
Patients with progressed and further progressing disease with limited survival time (<1 year).
PLUS
Symptoms (physical, spiritual and psycho-social) that require specialist palliative input and cannot be managed alone by primary care.

Malignancies:
Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Non-malignant conditions:

- COPD

Severe, chronic lung disease; with breathlessness at rest or minimal effort between exacerbations.
Persistent hypoxia needing long term oxygen therapy.
Has needed ventilation for respiratory failure or ventilation is contraindicated.

- Renal Impairment

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health (significant rapid functional decline).
Stopping or not starting dialysis

- Heart failure/ Vascular Disease

Heart failure with breathlessness, oedema, recurrent hospital admissions
Severe, inoperable peripheral vascular disease

- Liver failure

Cirrhosis with one or more:
complications in the past year: diuretic resistant ascites, hepatic encephalopathy, hepatorenal syndrome, bacterial peritonitis, recurrent variceal bleeds
Liver transplant is not possible.

- MND

Increasing symptom burden (SOB, aspiration pneumonia, pain, anxiety, nutritional problems).

- Other neurological disorders

Multiple sclerosis, Parkinson's disease, system degenerative diseases
Admission depends on symptom burden. Individual decision making. May admit for one off consult or in final stages of disease if symptoms complex.

- CVA

Case to case decision making depending on symptom burden. No "automatic" admission of CVA patients. Often a one off consult with GP will be sufficient.

- Dementia

Dementia patients should only be admitted for control of severe and difficult symptoms. Clarification needs to happen as to what "specialist palliative" input is required. Decision making for admission has to happen on an individual basis and in cooperation with the ORA Team (ORA team expert in this field).

- Other disease entities

Admission will be dependent on clinical discussion