



Palliative Care Common Referral Form Development to Implementation

KT/KE HPC Sector 2010
TCPCN & CCS

April 26, 2010

Lisa Lun, RN, BScN, MA(Ed), CHPCN(C)



BACKGROUND

- The Palliative Care Common Referral Form was originally developed by the Toronto Inpatient Palliative Care (TIPCU) committee (2004)
- Collaborative effort by interdisciplinary hospice and palliative care providers recognizing the need to standardize the application process (TPCN)



PURPOSE

- Standardize the application process to access palliative care services
- Provide baseline of information to all team members and agencies providing hospice palliative care support
- Enhance quality information to multiple care providers and support common language for effective communication
- Prevent individual and family from repeating their story

Palliative Care Common Referral Form

Introductory Page

Application Checklist (include if available):

Care protocols attached e.g. wound care, central line care, drainage care (pleural/ascitic fluid management)

Communication to the individual's family physician of referral for palliative care services

Copy of completed Do Not Resuscitate Confirmation Form

Diagnostic imaging (X-ray, Ultrasound, CT scan, MRI) Recent chest x-ray

Infection control management (e.g. MRSA/VRE/C-DIFF, etc.)

As available, reports must be current within the last 2 weeks, at time of referral, and include treatment provided. If referring from acute care facility, this information must be included.

Recent consultation notes

Recent laboratory results

Pathology reports

Palliative Care Common Referral Form

Page 3

Symptom assessment:

ESAS Score at the time of referral: *(Adapted from Edmonton Symptom Assessment System—ESAS, Capital Health, Edmonton)* **Date ESAS completed:** _____

(rate symptoms: 0 = no symptom, 10 = worst symptom possible):

Pain _____ Tiredness _____ Nausea _____ Depression _____ Anxiety _____
Drowsiness _____ Appetite _____ Well-being _____ Shortness of breath _____ Other: _____

Symptom(s) most distressing to the individual: _____

Current care needs: *(please check all that apply)*

- Transfusion Hydration: SC or IV Infusion pump(s) Total Parental Nutrition
- Enteral feeds Dialysis Central line(s) P.I.C.C. line(s) PortaCath
- Tracheostomy Oxygen: rate: _____ Thoracentesis Paracentesis
- Drains/Catheter *(specify):* _____
- Ostomy care Urinary catheter
- Pressure ulcer(s) *(specify location and stage):* _____
- Wound care *(specify):* _____
- Therapeutic surface *(specify):* _____
- Other needs: _____

Palliative Care Common Referral Form

Functional status: *Palliative Performance Scale (PPS): refer to Victoria Hospice Society, PPSv2, Cancer Care Ontario for definition*

PPS: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Mobility: Ambulatory Ambulatory with aid Ambulatory with people Bed-ridden

Cognition: Alert Altered Cognition Responsive to Stimuli Unresponsive

Bathing: Independent With assistance Total assist

Feeding: Independent With assistance Total assist NPO

Difficulty swallowing (describe): _____

Diet Type: _____ Diet Texture: _____ Other: _____

Psychosocial and Spiritual status and concerns:

Spiritual Distress

Financial Concerns

Past Substance Use

Current Substance Use

Other



Implementation Partners

- 5 LHINs have adopted the PC-CRF (since 2008)
 - Toronto Central, Central, Central East, Central West, and Mississauga-Halton LHINs
- Visiting physician teams, inpatient palliative care units, residential and community-based hospices
- CCACs
- PPSMC, and other LHIN-specific palliative consultation teams
- Family Health Teams



Tools to Support Implementation

- Implementation across in-patient settings and HPC community sectors
 - Leads identified across HPC sectors within the LHIN
 - Peer support and dedication to use the PC-CRF
 - Standardized powerpoint presentation developed
 - FAQ sheet developed (2008) to support new users
 - Revised April 2010



FAQ Sheet – PC CRF

Sample questions

- Why a Palliative Care Common Referral Form?
- How long does it take to complete the PC – CRF?
- What is the role of the Referral Source?
- Does the PC-CRF need to be completed by a physician?
- What do each of the services mean in “*Types of Services Requested*”?

Next Steps

- Roll-out revised PC-CRF (May 2010)
- Distribution of standardized evaluation survey for users across all LHINs (Nov/Dec 2010)
- E-referral and database access (partnership with CCAC)
- Strengthen criteria for identification of urgency of services



Next Steps

- Continue to support current users
 - Education
 - Survey results
 - Inclusion of collaborative care plans
- Expansion of the PC Common Referral Form for provincial use