

Niagara Palliative Care Outreach Team Referral Form

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____ City _____ Province _____ Postal Code _____

Patient Phone # _____ Preferred Language _____ Patient Aware of Referral Yes No

Contact Name _____ Contact Phone # _____

Service(s) Requested (please check all that apply)

- Medical Team – MD, NP, RN
 Psychosocial – Spiritual Counselling
 Caregiver Support
 Bereavement Follow-up
 Visiting Volunteer
 Day Hospice

Primary Health Care Provider Information

MRP Name _____ CPSO/CNO# if known _____

MRP Phone _____ Backline or Cell _____ MRP Fax _____

MRP aware of referral request? Yes No Unknown

Patient Information

Primary Diagnosis _____ Prognosis: Days Weeks Months

Secondary Diagnoses / Comorbidities _____

Reason for Referral / Main Concerns _____

Attachments Medical Summary / Health History Consult / Progress Notes Other Notes Pertinent Diagnostic Tests

Current Medication List Pharmacy Information

Performance Status (please place a checkmark beside the estimated percentage)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
<input type="checkbox"/> 100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
<input type="checkbox"/> 90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
<input type="checkbox"/> 80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
<input type="checkbox"/> 70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
<input type="checkbox"/> 60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
<input type="checkbox"/> 50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
<input type="checkbox"/> 40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
<input type="checkbox"/> 30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
<input type="checkbox"/> 20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
<input type="checkbox"/> 10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Full or Drowsy +/- Confusion
<input type="checkbox"/> 0%	Death				

Signature

Referring Practitioner Name _____ Position _____

Signature _____ Contact # _____ Date _____

North & Central Site Fax: 905-934-9430 Phone: 905-984-8766 x263
 Serving Niagara-on-the-Lake, St. Catharines

South Site Fax: 905-735-1703 Phone: 905-735-1701
 Serving Fonthill, Niagara Falls, Pelham, Welland, Port Colborne, East
 Wellandport, Wainfleet, Port Robinson, Allanburg, Thorold

The **Niagara Palliative care Outreach Team (PCOT)** is a group of specialists, including Physicians, Nurse Practitioners, Palliative Care Clinician, Navigator and Psychosocial Counsellors.

The PCOT team have **shared accountability with primary care** for patients requiring a palliative approach to care and rely on primary care physicians to continue managing primary care issues.

The team is a source of expert advice and consultation that provide specialist palliative care services for patients with complex needs in their homes or places of residence.

The services available are:

- Complex pain & symptom management support for end-of-life issues
- Psychosocial-spiritual support, including bereavement follow-up
- Mentorship & coaching

Eligibility Criteria

Patients, along with their families/caregivers, are eligible for the Palliative Care Outreach Team services if they meet most of the following criteria:

- Live in the Niagara Region
- Diagnosed with a life-limiting progressive disease
- Complex symptoms relating to end of life illness that cannot be managed by current care team
- Meet the Gold Standard Framework “surprise” question:
 - *Would you be surprised if this person were to die within the next 12 months?*
 - *Are there general signs of decline?*
- End of life complex needs (e.g., social determinants of health)
- Challenges with goals of care discussions/care planning
- Recent declining functional status
- Complex end of life psychosocial/spiritual needs for the patient and/or their family/caregiver
- On service with Home and Community Support Services Hamilton Niagara Haldimand Brant (if not, please complete HCCSS HNHB referral at the same time)

Note: Patients of Family Health Teams or Physician’s office’s that have existing Palliative Community Teams or practitioners comfortable with providing palliative care/complete home visits, should continue to support their patients in the community.

The Niagara PCOT team will accept referrals for psychosocial, spiritual and bereavement supports in cases where no medical support is required.

Referral for a hospice bed only, with no medical or psychosocial need from the PCOT team, requires only a Home and Community Care Support Services Hamilton Niagara Haldimand Brant Hospice Referral.

How to access the team:

1. Complete the Niagara PCOT referral form (see reverse page) and send appropriate documents:
 - Medical summary, health history
 - Pharmacy information
 - Pertinent diagnostic test
 - Consult/progress notes
 - Current medication lists
 - Other Notes
2. For general inquiries call 905-984-8766 x263 to reach the North/Central Team or 905-735-1701 for the South Team

INCOMPLETE REFERRAL INFORMATION MAY DELAY PATIENT APPOINTMENTS

****REFERRALS RECEIVED AFTER 2PM MAY NOT BE TRIAGED UNTIL THE FOLLOWING BUSINESS DAY****