Referral Criteria for Franklin Hospice Services

Palliative Care

Palliative care is for people of all ages with a life-limiting or life-threatening condition, which aims to:

- optimise an individual's quality of life until death by addressing the person's physical, psychosocial, spiritual and cultural needs
- support the individual's family, whānau and other caregivers, through illness and after death.

Palliative care is provided according to an individual's need, and may be suitable whether death is days, weeks, months or occasionally even years away. It may be suitable sometimes when treatments are being given aimed at improving quantity of life.

Referral Criteria

Patients are appropriate for a referral to the Franklin hospice palliative care team if they:

- Are diagnosed with a life threatening or life limiting illness. Clinical indicators can be found on the Supportive and Palliative Care Indicators Tool (SPICT)
- The patient is aware of their diagnosis and prognosis and has consented to referral to hospice

And the patient has any one of the following:

- Patient requires specialist care for complex symptom control including: pain, nausea, existential distress
- Patient requires specialist care for complex psychosocial support (example: depression, grief, anxiety)
- Patient, family or health care providers need support with difficult conversations around End of Life, Advanced Care Planning, or facilitating family meetings
- Patient is in the deteriorating or terminal phase of their illness and is being cared for at home (refer to Phase Definitions)
- The patient's primary health providers need support with providing palliative care

Inappropriate referrals

- Patients with stable chronic disease and life expectancy of several years
- Patients not yet aware of their terminal diagnosis

Who can refer

- Medical practitioners (general practitioners, specialists, hospital physicians)
- Nurses (District nurses, practice nurses, ward nurses, ARRC nurses, nurse specialists)
- Allied health professionals (mental health providers, OT, PT, dietician)
- Maori health services
- Patients can initiate a self-referral

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How to refer

A written referral can be emailed to nurses@franklinhospice.org.nz, or faxed to 09 2389323. This must include patients NHI, DOB and contact details, diagnosis, living situation and primary concerns (eg. pain, family not coping), along with any relevant documents.
Self-referrals will need to supply their NHI number. A nurse will use this to look up clinical details and deem if the referral is appropriate.
Urgent referrals should be verbally handed over to one of the nursing staff, along with a written referral.

Referral process

After receiving a referral, one of the hospice clinical team will triage the patient by reviewing medical documents to establish the patient meets the referral criteria and the urgency of the referral. The patient or carers where appropriate will be phoned to determine when the first assessment should take place.
On initial visit, a comprehensive assessment utilising the multi-disciplinary team will be conducted to identify the patients' needs.

Model of Care

Our specialist palliative care team deliver care:

- **Directly** – working with the patient, to provide direct management and support of the person, family and whānau where more complex palliative care needs exceed the resources or scope of the primary palliative care provider.

- **Indirectly** – to provide advice, support, education and training for other health care providers to support the primary provision of palliative care.

The delivery of care may be continuous or episodic depending on the changing needs of the person receiving care and their family and whanau.

Discharge

On occasion it might be necessary to discharge patients from Franklin Hospice, for example when:

- The patients disease has stabilised and no longer fits the admission criteria
- The patient transfers into long term care facility and has non-complex care needs

Discharge will be discussed with the patient and family and the relevant primary health providers will be notified. Patients can be re-referred at any point if their needs change.

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Additional guidelines for referrals

The general condition indicators below can help identify if a patient is appropriate for a palliative care referral.

- Progressive deterioration in performance scale (Australia Karnofsky Perfomance Scale/AKPS)
- Symptoms that can't be alleviated by treating the underlying disease
- Multiply co-morbidities and deteriorating condition

Life-limiting conditions *Please refer to the SPICT tool for further indicators*

Cancer

- Incurable metastatic disease or untreatable primary cancer

Cardiac Disease

- Advanced heart failure or extensive untreatable coronary artery disease, with breathlessness or chest pain
- Optimal treatment reached and no longer effective

Pulmonary disease

- Shortness of breath at rest
- Symptomatic right heart failure
- Cachexia
- 3 or more disease related hospital admissions in the last 12 months

Renal Disease

- Patient stopping dialysis or too advanced for dialysis
- Intractable fluid overload
- Signs of renal failure: severe nausea, pruritus, akathisia, altered consciousness

Neurological Disease

- Progressive deterioration expected (MND)
- Inability to walk
- Dependence on assistance with activities of daily living
- Difficulty in communication
- Cachexia

Cerebral infarct - Stroke

- Severe vegetative state

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- Severe dysphagia
- Post stroke dementia
- Poor nutritional status

Liver Disease

- Ascites
- Encephalopathy
- Jaundice
- Recurrent variceal bleeding with no further interventions available

Dementia/Frailty

- Considerable assistance with activities of daily living required
- Urinary and faecal incontinence
- Weight loss, difficulty eating and drinking
- Poor verbal communication
- Recurrent febrile infection or respiratory infections

Reference

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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	40
Almost completely bedfast	30
Totally bedfast and requiring extensive nursing care by professionals and/or family	20
Comatose or barely rousable	10
Dead	0

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