

**1) Can I refer a patient with a life expectancy greater than 3 months?**

**Yes** – We admit palliative patients with a life expectancy ranging from several hours up to several months duration. Some patients may even have a life expectancy of 6, 8 or even 10 months plus. We target an average length of stay (life expectancy) of under 3 months, but the total length of stay for all patients does not need to be under 3 months. It is most important that the patients admitted to us are in a palliative phase of illness, with complex symptoms, requiring the expertise of a palliative physician as MRP and the services of our on-site inter-professional team to manage their symptoms.

**2) Can I refer a patient with a Palliative Performance Scale (PPS) score above 50%?**

**Yes** – The PPS score is used as a guideline regarding functional status. Generally speaking the majority of our admissions will have a PPS score of 50% or less. However, not all illnesses result in gradual functional decline. In some illnesses, patients will experience a high level of symptom burden prior to significant functional decline. We are most interested in admitting patients who have symptom burden requiring our expertise. Therefore, we will consider patients upon referral with a PPS above 50%.

**3) Can I refer a patient to the SPH PC Program that is already on a Hospice waiting list?**

**Yes** – If you have a patient, on a Hospice waiting list, that is in acute care, or at home, and you are concerned that they may not be able to manage safely at home until a hospice bed is available – you can refer them to our SPH PC Program, as well (with their permission). Please provide this information on the referral. If they are admitted to the SPH PC Program, they can still remain on the waiting list for Hospice. Generally, once a patient is settled here, they decide to have their name removed from the Hospice list, as they do not want to go through another transition. However, this is their individual choice and we will respect it.

**4) Can I refer a patient that is being discharged from acute care, or is already at home palliating, that is not ready to accept a bed – but I have concerns about their ability to manage safely at home?**

**Yes** – You can complete a referral for a patient, in this case (with their permission), as a “**Supportive Alternate Plan**” Referral. This will serve to facilitate a rapid, future admission to the SPH Palliative Care Program should challenging circumstances arise in the plan to palliate at home. Simply do the following:

- Complete the CC Referral Application Package and submit through the normal process.
- Write that this is a “**Supportive Alternate Plan Referral**” in the Patient Stream and Priority Code section of the CC Application Form (top of pg. 1) and tick off the box for End of Life Care and the box for Priority Code 3.
- Referring party inform patients / families that (once their referral is approved) we will call, initially, to offer a bed, when one is available - if they decline the bed, we will keep their referral on file for a total of 6 weeks from the date we received the referral.
- Referring party inform patients / families that if, at any time during this 6-week period, they feel they are not coping and need a bed ASAP - they should contact their involved care team (CCAC Care Coordinator, family physician, etc.) or SPH Palliative Care Program, if unable to reach involved care team to request Priority 1 (Urgent Status) for the first suitable, available bed.
- If they have not accepted a bed within this 6 week timeframe, they will be removed from our waiting list and a new referral may be submitted in the future, if required.

**5) If a patient seems to meet the criteria for Long Term Care (LTC) but I feel they will not live long enough to get an LTC bed, should I refer them to the SPH PC Program?**

**No** – As a Complex Care Hospital, we have a higher funded level of services than Long Term Care. We have a palliative trained physician as MRP vs. a general family physician as MRP. We have only regulated nursing staff (RN & RPN) and no PSWs. We also have a full on-site palliative, inter-professional team (SW / Chaplain / OT / PT / RT / Pharmacy / Dietician / SLP / Recreation) and they assess every patient and maintain active treatment plans, where appropriate. Generally, our patients require active treatment by at least two professions in addition to medicine and nursing. It is our obligation to ensure, that each admission truly requires the intensity of services funded at our Complex Care Hospital level of funding, to address their symptoms and care needs.

**6) Is a signed, "CC Letter of Understanding" required for an SPH PC Referral Application?**

**No** – Not unless the patient wishes to be waitlisted for CC Palliative / End-of-Life beds at other hospitals in the HNHB LHIN, as well as, the SPH PC Program. Palliative patients are only required to apply to one CC facility to promote care close to home.

**7) Can I refer a patient who is still having out-patient palliative treatments of chemo / radiation?**

**Yes** – We are able to coordinate shared care with the Juravinski Cancer Centre (JCC) to continue day treatments for palliative chemo / radiation. Please provide all of these details on the referral form. Most of our patients, undergoing these treatments, require us to arrange a non-urgent ambulance transport with the accompaniment of an RPN. If the treatments are not more than once or twice per week - we can accommodate this. If there is a period of time, where daily treatments are required, we would not be able to provide the staffing to cover these appointments. We may ask that the patient not be admitted to us until the daily treatments have ceased.

**8) Can a patient in the SPH Palliative Care Program go home for overnight visits?**

**Yes** – Our patients are able to request a Temporary Leave of Absence (TLA) of up to 72 hours to go home, to visit a loved one, or to attend an event. Their SPH physician MRP will assess their request and write an order approving a TLA if all appears safe. We are able to provide some equipment such as: wheelchairs, walkers etc. Our pharmacy will also prepare a supply of medication for the duration of the TLA. Therefore, some advance notice is required.

**9) Can a patient smoke on the premises of St. Peter's Hospital Site?**

**No** – Due to local By-laws, no smoking is permitted inside the Hospital or on the grounds. Patients who wish to smoke and can ambulate or self-propel in a wheelchair / scooter, to safely reach the surrounding sidewalks, may smoke off property. A patient who is safely pushed in their wheelchair by a family member / visitor may also smoke off property in the company of a visitor. Our staff are not permitted to escort patients to smoke off property for health and safety reasons. All cigarette's, pipe's, cigars, lighters and matches are stored in the Nursing Station and are to be picked up and returned following off property smoking. All patients are to be signed out at the Nursing Station when leaving to smoke.