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# Queen's Specialist Palliative Care Team

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## ***Who we are***

Our specialist palliative care team is comprised of palliative care physician consultants, nurse navigators, and a clinical nurse specialist.

We provide consultation for patients with life-threatening illnesses who have complex palliative care needs. We are available 24/7 to provide formal or informal advice to other physicians or nurse practitioners caring for patients with palliative care needs across the South East region.

## ***Where we practice***

We provide consultation for palliative care across inpatient, ambulatory care, and home care settings. We have inpatient teams at the Kingston Health Sciences Centre (KHSC) and Providence Care Hospital (PCH), and provide virtual consultative support to other hospitals within the South East region. Our community consult team provides outreach for patients at home, in retirement and long term care centres, and other community settings. Outpatient ambulatory care support is provided for oncology patients in the palliative oncology clinic at the Cancer Centre of South Eastern Ontario (CCSEO) and in the Quinte Health Centre. Our team is also integrated into multidisciplinary specialist clinics for those with neuromuscular conditions, new diagnoses of lung cancer, and other non-malignant lung conditions.

## ***When should you consult the Queen's Specialist Palliative Care Team?***

- If your patient is experiencing complex symptoms (e.g., pain, delirium, nausea, dyspnea, or complex psychosocial, emotional or spiritual distress) related to their life-threatening illness at any point in their illness trajectory, from diagnosis through to recovery or end-of-life
- If you would like advice on symptom management, advance care planning or practical tips on how to access palliative care services for your patient and their family
- If you need support around advance care planning, goals of care discussions, and decision making about withholding or withdrawing medical treatments.

## ***When might a consult to the Queen's Specialist Palliative Care Team NOT be appropriate?***

- If your patient's primary symptoms are related to chronic pain problems and not a life-threatening illness. Note: chronic pain does not preclude a referral to our team; the patient must also have a life-threatening illness.
- If your patient is requesting Medical Assistance in Dying (MAiD) and the referral is specifically for a MAiD assessment. We do not provide assessments for MAiD. Refer to the Ministry of Health and Long-Term Care web-site for more information: <http://www.health.gov.on.ca/en/pro/programs/maid/#assessments>
- If you have restrictions on your licence to practice and are unable to prescribe opioids. You are responsible to transfer care of your patient to a colleague who does not have a restriction to prescribe opioids.

## Program Components

<p><b>Palliative Care Community Consult Team</b></p>	<p>This outreach team provides consultative support for symptom management and care planning to assist family physicians and primary care teams in providing a palliative approach to care. We are available 24/7 for formal or informal advice to physicians and NPs.</p> <p>We also provide consultation and shared-care for patients with complex palliative care needs.</p> <p>Consults are provided in patients' homes (including individual dwellings, retirement homes, and long-term care facilities) by physicians with specialist expertise in Palliative Medicine. For in-home consultation, patients must have community home care nursing services already in place.</p> <p>The team will follow a patient as needed until symptoms are optimized or until end-of-life, if challenging symptoms persist. <b>Typically, patients' primary care providers will remain the MRP throughout our involvement,</b> while our team will provide periodic assessments / management depending on each patient's palliative needs. We will also provide backup on-call support, in addition to 24/7 advice.</p>
<p><b>Palliative Care Unit (PCU) at PCH</b></p>	<p>The PCU provides compassionate and comprehensive hospice palliative care to patients with a life expectancy of less than 3 months who need specialized palliative care supports in an inpatient setting. Patients' goals will include no resuscitation and care focused on comfort and symptom relief, rather than curative treatment. A holistic, team approach is provided including skilled medical, nursing, spiritual care, physiotherapy, and occupational therapy for comfort, as appropriate.</p> <p>There are ten inpatient beds at the PCU. All patients referred for possible PCU admission are assessed by the Queen's Specialist Palliative Care team in the location of their existing site of care (Community, KHSC, PCH, or relevant outpatient clinic).</p>
<p><b>PCH Palliative Care Consult Team</b></p>	<p>This team provides consultative support within PCH for patients, families, and healthcare teams to help manage complex symptoms and issues related to a patient's life-threatening illness. Consults are provided by physicians with specialist expertise in Palliative Medicine.</p> <p>The team will follow a patient in consultation as needed, until symptoms are optimized or the patient leaves PCH. Follow-up with one of our outpatient specialist palliative care teams may be recommended following discharge.</p>
<p><b>Palliative Oncology Clinic at CCSEO &amp; Quinte Health Centre</b></p>	<p>This program is for patients who are having complex problems with pain or other symptoms from cancer. Patients are seen at any stage in the cancer trajectory, including those with curative disease. The palliative care team provides palliative care consultation in partnership with patients' existing oncology and primary care teams.</p> <p>Patients are followed as needed for symptom management. The patient's family physician remains the most responsible provider for primary care needs.</p>

<b>KHSC Palliative Care Consult Team</b>	<p>This service provides consultative support to patients admitted to KHSC, their families, and healthcare teams to assist with complex palliative symptoms and issues related to a patient's life-threatening illness. Consults are provided by physicians or a Clinical Nurse Specialist with specialized expertise in palliative medicine. The team will follow an inpatient consultation as needed until symptoms are optimized or the patient leaves KHSC. Follow-up with one of our outpatient specialist palliative care programs may be recommended following discharge.</p> <p>In addition to formal consultation, we can be reached anytime for informal advice or questions related to palliative care by calling the KHSC switchboard and asking for the palliative physician on service to be paged.</p> <p>Our KHSC Palliative Care Consult team does have a limited ability to admit up to three inpatients with <b>complex</b> palliative symptom management issues as their <b>primary reason</b> for acute care hospital admission. Examples include placement of an intrathecal catheter, ketamine or lidocaine infusions for pain control, and complex opioid rotations such as methadone. These beds are not used for routine palliative or end-of-life care, medical admissions, or admissions for functional decline due to end-stage illness.</p>
<b>Multidisciplinary Specialist Clinics</b>	<p>Our palliative consultant physicians participate in a variety of multidisciplinary specialist clinics for patients with complex palliative care needs, including neuromuscular disorders and breathlessness from newly diagnosed lung cancer or end-stage lung disease. Patients may be referred by their attending specialist physician at that clinic to see the palliative physician in consultation.</p>
<b>E-Consults</b>	<p>For non-urgent palliative care advice or questions, Queen's Specialist Palliative Care consultant physicians also participate in the Ontario eConsult Program. eConsult is a free, secure, online tool that allows physicians and nurse practitioners to send patient-specific clinical questions to a palliative care specialist and receive advice for management in seven days or less. It often eliminates the need for a face-to-face visit with a specialist. To access our eConsult service, please refer to the information provided online at: <a href="https://www.seamo.ca/econsult-program">https://www.seamo.ca/econsult-program</a></p>

## How to Consult Us

### Outpatient Referrals

For clinic and community consult requests are accepted from physicians and nurse practitioners. Please send to our centralized Division of Palliative Medicine **fax** number at: **613-548-2361**.

For **Urgent** (1-3 days) and **Emergent** (same day advice for symptom crisis) requests, also **CALL our centralized referral number at 613-548-2485**.

Our referral form for all outpatient requests is attached and also available online ([Click here](#)).

All new patient referrals are triaged by one of our consultants. You will be notified by letter whether your referral has been accepted, declined, or if additional information is needed from you to process the referral request.

## ***Inpatient Referrals***

- For **KHSC** inpatients, call the switchboard at our KGH site to have our Palliative Care Consult team paged
- For **PCH** inpatients, enter the referral into ePR and one of our consultants will call you back to discuss the request for consultation

## ***PCU Admission Referrals***

- For referral of inpatients at KHSC, request a palliative care consult for consideration of PCU admission by paging the inpatient Palliative Care Consult team
- For referral of inpatients at PCH, request a palliative care consultation in ePR
- For community or any South East regional hospital settings, please submit a request for consultation to our Queen's Palliative Specialist Team via our centralized referral form as above for outpatient referrals ([Click here](#))

## ***After Hours Assistance***

Call the **KHSC Switchboard** at **613-548-3232** and ask for the **palliative physician on call**. The Queen's Specialist Palliative Care team has a consultant physician available 24 hours a day, 7 days a week to answer questions or provide advice to physicians or nurse practitioners regarding patient care or symptom management for a patient with a life-threatening condition.

We are here to help you provide palliative care to your patients. The on-call physician can provide support to all hospitals and outpatient settings in the South East region.

## **Division of Palliative Medicine**

L. Herx, MD, PhD, CCFP(PC), FCFP, Division Chair  
J. Bagg, MD, CCFP(PC)  
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C. Goldie, MD, CCFP(PC), FRCPC  
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**34 Barrie Street Kingston, Ont. K7L 3J7**  
**Tel: 613-548-2485      Fax: 613-548-2436**



## Palliative Care Consult Team Referral

Date of Referral (yyyy/mm/dd):		Referral to ( <i>check one</i> ):	
Time (hh/mm):		<input type="checkbox"/> Palliative Oncology Clinic of the Cancer Centre of South Eastern Ontario (for patients with cancer) <input type="checkbox"/> Quinte Satellite Clinic (for patients with cancer) <input type="checkbox"/> Community Palliative Consult Team ( <i>check one</i> ): <input type="checkbox"/> oncology <input type="checkbox"/> non oncology related <b>Home Care services must be in place prior to being seen by Community Palliative Care Consult team</b>	
Patient/Substitute Decision Maker (SDM) consents to palliative care referral (required): Yes <input type="checkbox"/>			
Last Name:		First Name:	Date of Birth (yyyy/mm/dd):
Street:	Apartment	City/Province:	Postal Code:
Home Telephone:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Preferred Language:
Substitute Decision Maker (SDM):		Contact Number:	Relationship:
Primary Care Provider (PCP):		Phone:	Fax:
<b>REFERRING PROVIDER INFORMATION (ATTENDING PHYSICIAN OR NURSE PRACTITIONER)</b>			
Printed name	Designation	Signature	Billing Number      Contact Number
<b>Referral Type</b> ( <i>check one</i> ): <input type="checkbox"/> Routine (greater than 3 days) <b>FAX 613-548-2361</b> <input type="checkbox"/> Urgent (1-3 days) <b>FAX 613-548-2361 and CALL centralized referral number (CRN) 613-548-2485</b> <input type="checkbox"/> Emergent (same day; pain/symptom crisis) <b>FAX 613-548-2361 and CALL CRN 613-548-2485</b>			
<b>Primary Diagnosis:</b>			
<b>Reason for Referral</b> (Please describe specific symptoms and treatments tried to date, or indicate if referral is for assessment of eligibility for admission to the Providence Care Hospital Palliative Care Unit):  			
<b>Palliative Performance Score (Required): See reverse for scoring table</b> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 100 <input type="checkbox"/>			

- The Palliative Care Consult Service is not a chronic pain service
- Assessments for Medical Assistance in Dying (MAID) are not performed

## Palliative Care Consult Team Referral

### Palliative Performance Scale (PPS) v2

PPS Level	Ambulation	Activity Level & Evidence of Disease	Self -care	Intake	Conscious Level
<b>PPS 100%</b>	Full	Normal activity and work <b>No evidence</b> of disease	Full	Normal	Full
<b>PPS 90%</b>	Full	Normal activity and work <b>Some evidence</b> of disease	Full	Normal	Full
<b>PPS 80%</b>	Full	Normal activity and work <i>with</i> effort <b>Some evidence</b> of disease	Full	Normal or reduced	Full
<b>PPS 70%</b>	Reduced	Unable normal activity and work <b>Significant</b> disease	Full	Normal or reduced	Full
<b>PPS 60%</b>	Reduced	Unable hobby/house work <b>Significant</b> disease	Occasional assistance	Normal or reduced	Full or confusion
<b>PPS 50%</b>	Mainly sit/lie	Unable to do any work <b>Extensive</b> disease	Considerable assistance	Normal or reduced	Full or drowsy or confusion
<b>PPS 40%</b>	Mainly in bed	Unable to do most activity <b>Extensive</b> disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
<b>PPS 30%</b>	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Reduced	Full or drowsy +/- confusion
<b>PPS 20%</b>	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Minimal sips	Full or drowsy +/- confusion
<b>PPS 10%</b>	Totally bed bound	Unable to do any activity <b>Extensive</b> disease	Total care	Mouth care only	Drowsy or coma
<b>PPS 0%</b>	Dead				

**Instructions:** PPS level is determined by reading left to right to find a 'best horizontal fit.'

Begin at left column reading downwards until current ambulation is determined. Then, read across to next column and downwards until each column is determined. Thus, 'leftward' columns take precedence over 'rightward' columns.