
Queen's Specialist Palliative Care Team

Program Referral Guidelines

WHO WE ARE

Our specialist palliative care team is comprised of palliative care physician consultants, registered nurses, and a clinical nurse specialist. We provide consultation for patients with life-threatening illnesses who have complex palliative care needs, including those with curable illnesses.

WHERE WE PRACTICE

Our services are provided through an inpatient consultation team at the Kingston Health Sciences Centre (KHSC) and Providence Care Hospital (PCH). Additionally, we have a community consult team for patients at home, and in retirement and long term care centres within the South-East LHIN. Outpatient services for cancer patients are delivered in the palliative care clinic at the Cancer Centre for South Eastern Ontario (CCSEO).

WHEN SHOULD YOU REFER TO THE QUEEN'S SPECIALIST PALLIATIVE CARE TEAM FOR CONSULTATIVE SUPPORT?

- 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 near to death*.
- If your patient and/or their family needs support and education about how their illness may progress and care options at the end of life.
- If you need support around advanced care planning, goals of care discussions, and decision making around withholding or withdrawing medical treatments.

WHEN MAY A REFERRAL TO THE QUEEN'S SPECIALIST PALLIATIVE CARE TEAM NOT BE APPROPRIATE?

- If your patient's primary symptoms are related to chronic non cancer pain
- 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. Please 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 your patient is solely interested in a prescription for medical marijuana.
- If you have restrictions on your licence to practice and are unable to prescribe opioids. It is your responsibility to transfer care of your patient to a colleague that does not have a restriction to prescribe opioids.

PROGRAM COMPONENTS

Palliative Care Clinic at CCSEO	<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 on a consultative basis in partnership with patients' existing oncology and/or community care teams. Patients are followed until their symptoms are optimized, and may be reassessed at the clinic if symptoms change and the oncology and/or primary care team needs assistance in addressing new or changing symptoms. The patient's Family Medicine team remains the most responsible provider for primary care needs. Our team is also available by telephone in the clinic Monday to Friday 8:30am to 5pm for suggestions when a full consultation is not required.</p>
KHSC Palliative Care Consult team	<p>This service provides consultative support within KHSC for patients, families, and healthcare teams to help manage complex palliative symptoms and issues related to a patient's life-threatening illness. Consults are provided by physicians or Clinical Nurse Specialist with specialist expertise in palliative medicine. Simple questions and suggestions that do not require a formal patient consultation are always welcome from any healthcare provider. The team will follow an inpatient in consultation as needed until symptoms are optimized or the patient leaves KHSC. Follow-up with one of our outpatient specialist palliative care programs, if needed, will be discussed prior to signing off or discharge from the hospital.</p> <p>KHSC Palliative Care Consult team does have a limited ability to admit up to three patients with complex palliative symptom management issues as their primary reason for hospital admission. Examples include placement of an intrathecal catheter, complex opioid rotations including methadone, or palliative sedation. 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>
Multidisciplinary Non-Cancer Clinics	<p>Our palliative consultant physicians participate in a variety of multidisciplinary specialist clinics for patients with non-cancer diagnoses and complex palliative care needs, including neuromuscular disorders and breathlessness. Patients may be referred to see the palliative physician in consultation by their attending specialist physician at that clinic.</p>
Palliative Care Community Consult Team	<p>The team provides consultative support on complex symptom management for family physicians and primary health care teams that care for patients with palliative care needs. 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 consultation in individual dwellings or retirement homes, 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 and management is then continued by a patient's existing primary care providers. Typically, patients' primary care providers will remain the MRP throughout our involvement.</p>

Palliative Care Unit (PCU) at PCH	The PCU provides compassionate and comprehensive end of life care to patients with palliative care needs and a life expectancy of less than 3 months in an inpatient setting. Patients will have chosen to have no resuscitative effort and care is focused on comfort and symptom relief rather than curative treatment. A team approach to care is provided in order to care for the whole person including skilled medical, nursing, spiritual care, physiotherapy and occupational therapy for comfort, where appropriate. There are currently ten inpatient beds available at PCU, funded through Providence Care Hospital's Complex Care program. Referral process for PCU is outlined below.
PCH Palliative Care Consult Team	This team provides consultative support within PCH for patients, families, and healthcare teams to help manage complex palliative symptoms and issues related to a patient's life-threatening illness. Consults are provided by physicians with specialist expertise in palliative medicine. The team will follow a patient in consultation as needed until symptoms are optimized or the patient leaves PCH. Follow-up with outpatient specialist palliative care teams, if needed, will be discussed prior to signing off or discharge.
Pediatric Palliative Care	Our team provides consultative support across all settings of care for children and their families with palliative care needs. Our physicians provide 24/7 advice to the primary care team with access to additional supports from pediatric palliative medicine subspecialty colleagues as needed for the most complex cases.
E-Consults	Advice can be requested from our consultant physicians through 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: https://www.seamo.ca/econsult-program

HOW TO REFER

Outpatient referrals are accepted from physicians and nurse practitioners and should be faxed to our centralized Division of Palliative Medicine number, found at the top of this guideline and on the referral form. Our referral form is attached and also available online (https://deptmed.queensu.ca/sites/deptmed/files/inline-files/Palliative%20Care%20Consult%20Referral%20Form_July23_0.pdf). All new patient referrals are triaged by one of our consultants and you will be notified by letter whether your referral has been accepted, declined, or whether additional information is needed from you in order to process the referral request. *For consult **requests that are urgent** (i.e. when advice/assessment is required within 1-3 days) or **emergent** (i.e. when same day advice/assessment is needed for pain/symptom crisis), **please fax referral form AND phone our main office number to request consultation.**

Inpatient referrals

- For referrals on KHSC inpatients, please call the switchboard at our KGH site to have our Consult team paged.
- For referrals on PCH inpatients, please enter the referral into ePR and one of our consultants will call you back to discuss the request for consultation. You will need to identify if the consultation is for opinion or for transfer of care to PCU.

PCU Admission Referrals

- For referral from inpatients at KHSC, please complete an inpatient yellow consult request form and fax to our central number. The KHSC Palliative Consult team will assess the patient.
- For referral from the community or regional hospitals, please complete and submit the following referral form: <https://www.providencecare.ca/wp-content/uploads/2017/06/500023-Palliative-Care-Referral-Form-PCH-2017-03.pdf>

AFTER HOURS ASSISTANCE

The Queen's Specialist Palliative Care team has a consultant physician available 24 hours a day, 7 days a week to answer questions from physicians or nurse practitioners regarding patient care or symptom management for a patient with a life-threatening condition.

We are here to help you in providing palliative care to your patients. The on call physician can provide support to all hospitals and outpatient settings in the SE LHIN. Please call the KHSC Switchboard at 613-548-3232 and ask for the palliative physician on call.

Division of Palliative Medicine

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Palliative Care Consult Team Referral

Date of Referral (yyyy/mm/dd):		Referral to (<i>check one</i>):		
Time (hh/mm):		<input type="checkbox"/> Palliative Care Clinic of the Cancer Centre of South Eastern Ontario (for patients with cancer)		
Patient/Substitute Decision Maker (SDM) consents to palliative care referral (required): Yes <input type="checkbox"/>		<input type="checkbox"/> Community Palliative Consult Team (for patients with or without cancer) Home Care services must be in place prior to being seen by community palliative consult team		
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:	
REFERRING PROVIDER INFORMATION (ATTENDING PHYSICIAN OR NURSE PRACTITIONER)				
Printed name	Designation	Signature	Billing Number	Contact Number
Referral Type (check one): <input type="checkbox"/> Routine (greater than 3 days) FAX 613-548-2361 <input type="checkbox"/> Urgent (1-3 days) FAX 613-548-2361 and CALL centralized referral number (CRN) 613-548-2485 <input type="checkbox"/> Emergent (same day; pain/symptom crisis) FAX 613-548-2361 and CALL CRN 613-548-2485				
Primary Diagnosis:				
Reason for Referral (Please describe specific symptoms and treatments tried to date):				
Palliative Performance Score (Required): See reverse for scoring table 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
- Referrals for patients exclusively needing a medical cannabis prescription are not accepted
- 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
PPS 100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
PPS 90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
PPS 80%	Full	Normal activity and work <i>with</i> effort Some evidence of disease	Full	Normal or reduced	Full
PPS 70%	Reduced	Unable normal activity and work Significant disease	Full	Normal or reduced	Full
PPS 60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance	Normal or reduced	Full or confusion
PPS 50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance	Normal or reduced	Full or drowsy or confusion
PPS 40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
PPS 30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Reduced	Full or drowsy +/- confusion
PPS 20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal sips	Full or drowsy +/- confusion
PPS 10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma
PPS 0%	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.