

## SERVICE NAME: Palliative Care Clinic

### DESCRIPTION:

Palliative Care is for people living with a life limiting illness where a cure is no longer possible and for people with an advanced, progressive serious illness who need their symptoms controlled. Symptom management and improving quality of life for people living with a life-limiting illness is the goal of care. The aim of the clinic is to act as a consulting service and return care to usual provider, however patients may need several consultations before being discharged.

### CLINICAL LEAD: Dr Hana Thompson

Contact details: [hana.thompson@basscoasthealth.org.au](mailto:hana.thompson@basscoasthealth.org.au)

### ELIGIBILITY:

As per [Managing referrals to non-admitted specialist services policy](#), all new referrals for Specialist Outpatient Clinics, **must meet** the [Minimal Referral Criteria](#), [State-wide Referral Criteria](#) (where applicable) as well as local BCH service guidelines (see below) and the [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

All referrals are triaged by a clinician and a **referral outcome** is to be communicated **within 8 working days** of receiving a valid referral. i.e. if the referral has been;

- **Accepted and an appointment has been scheduled.**
- **Accepted and the patient has been placed on a service waiting list.**
- **Not accepted and the reasons why**

### PRIORITY:

Emergency	<p>Conditions requiring immediate emergency care. Acute referrals requiring same day assessment or admission. Immediately Contact Palliative Care Consortium , Palliative Care Consultancy Service or Emergency Department **dependent of Goals of Care Emergency referrals are not appropriate for this clinic</p>										
Urgent	<p>If not an emergency, then all referrals are within 30 days dependent on score Assigned to patients that have a condition with <b>potential to deteriorate quickly, with significant consequences</b> for health and quality of life if not managed promptly. <a href="#">RUN-PC Triage Tool Calculator   Palliative Medicine</a></p> <table border="1" data-bbox="496 1532 1362 1715"> <thead> <tr> <th colspan="2">Community setting</th></tr> </thead> <tbody> <tr> <td>31-100</td><td>1. crisis: community palliative care consultation within 24 hours</td></tr> <tr> <td>21-30</td><td>2. urgent: community palliative care consultation within 72 hours</td></tr> <tr> <td>11-20</td><td>3. non-urgent: community palliative care consultation within 7 days</td></tr> <tr> <td>0-10</td><td>4. routine: community palliative care consultation within 14 days</td></tr> </tbody> </table>	Community setting		31-100	1. crisis: community palliative care consultation within 24 hours	21-30	2. urgent: community palliative care consultation within 72 hours	11-20	3. non-urgent: community palliative care consultation within 7 days	0-10	4. routine: community palliative care consultation within 14 days
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### REFERRAL

The **preferred mode** for external referrals to the District & Palliative Care Unit is Fax; (03) 5678 5183. Internal referrals from within BCH can be sent via email [District.Nursing@basscoasthealth.org.au](mailto:District.Nursing@basscoasthealth.org.au)

For further information on new referrals and services provided via the BCH District & Palliative Unit on (03) 5671 9219 or by email to [District.Nursing@basscoasthealth.org.au](mailto:District.Nursing@basscoasthealth.org.au)

**Relevant referral form template guides:**
[Outpatient specialist clinic referral \(MR-309\)](#)
**modified** Palliative Care Referral Triage & Transfer Form (MR895)

**Referrals accepted from: (please select all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Self-referral/responsible person      | <input checked="" type="checkbox"/> GP            | <input checked="" type="checkbox"/> Specialist |
| <input checked="" type="checkbox"/> Internal BCH medical staff | <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Caseworker            |
| <input type="checkbox"/> My Aged Care                          |   |  |

**INCLUSION:** *The following conditions can be seen at BCH.*

<ul style="list-style-type: none"> <li>Life limiting illness with poorly controlled symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Voluntary Assisted Dying</li> </ul>	<ul style="list-style-type: none"> <li>Severe rapid deterioration in symptoms or quality of life</li> </ul>
<ul style="list-style-type: none"> <li>Life-limiting diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>Symptom management.</li> </ul>	

**EXCLUSIONS:** *The following conditions/procedures are not routinely seen/performed at BCH.*

<ul style="list-style-type: none"> <li>Chronic pain unrelated to a life-limiting diagnosis</li> </ul>	
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**SAFETY RISK SCREENING – RED FLAG CONDITIONS:**

Red flags signal the most serious clinical risks and need for same-day assessment or admission.

Presenting need(s) or conditions	Action
Gippsland Palliative Consortium – Palliative Care Emergencies <a href="#">Palliative care emergencies 2022.pdf   Powered by Box</a> emergency (eg spinal cord compression, SVC obstruction, airway obstruction, seizures, acute bleeding) or psychiatric emergency (eg agitated delirium, suicidality), referrer to discuss with.	<ul style="list-style-type: none"> <li>Urgent Contact Consultant or CNC directly to discuss</li> <li>PCCG Palliative Care Consultancy Gippsland for on call physician 1800 360 000 7am-2200- 7 days a week</li> <li>After hours 5173 8000 as for palliative care support</li> <li>After discussion &amp; Dependent of Goals of Care refer to Emergency Department</li> </ul>

**REFERRAL REDIRECTION:**

Service Request	Redirect to
There is a limited provision to care for paediatric patients at BCH < 12 years	<ul style="list-style-type: none"> <li>Monash Children's Health</li> <li>Royal Children's Hospital (Victorian Paediatric Palliative Care Program)  <a href="http://www.rch.org.au/rch_palliative/">http://www.rch.org.au/rch_palliative/</a></li> <li>Very Special Kids                Phone: 9804 6222 or 1800 888 875</li> </ul>
Chronic pain unrelated to a life-limiting illness	<ul style="list-style-type: none"> <li>Chronic Pain Service</li> <li>Pain Rehab Physician Barry Rawicki</li> </ul>

**TRIAGE:**
**Decision making scope.**

Access triage clinician	Speciality key triage contact
All referrals sent to District & Palliative Intake to triage  Required - Initial RUG score & RUN PC & diagnosis <a href="#">RUN-PC Triage Tool Calculator   Palliative Medicine</a> Need to note home visit/clinic/RAF If RAF (aged care facility) liaise with Residential In-reach	Lisa Thornhill CNC Dr Hana Thompson

**Key contact/s for specialty triage and escalation**

Name:	Lisa Thornhill	Hana Thompson
Email:	<a href="mailto:Lisa.Thornhill@basscoasthealth.org.au">Lisa.Thornhill@basscoasthealth.org.au</a>	Email: <a href="mailto:hana.thompson@basscoasthealth.org.au">hana.thompson@basscoasthealth.org.au</a>
Designation:	Palliative Care Coordinator Clinical Nurse Consultant	Designation: Palliative Physician

**FUNDING/REPORTING: CPC – Community Palliative Care**
**Funding stream to report activity:**

<input type="checkbox"/> SOCS	<input type="checkbox"/> SACS	<input type="checkbox"/> CH
<input type="checkbox"/> HCP	<input type="checkbox"/> HACC PYP	<input type="checkbox"/> CHSP
<input type="checkbox"/> TAC	<input type="checkbox"/> WC	<input type="checkbox"/> HACC NDIS
<input type="checkbox"/> Full cost recovery (other)	<input type="checkbox"/> NDIS	<input type="checkbox"/> DVA
<input type="checkbox"/> MBS	<input checked="" type="checkbox"/> CPC	

**Decision making for funding stream:**

- ☒ Single source of funding available
 ☒ Multiple options – selection made as per funding prioritisation guide
 ☐ Other:

**Software used for referral and activity reporting:**

<input checked="" type="checkbox"/> MasterCare	<input checked="" type="checkbox"/> <a href="#">iPM</a>	<input checked="" type="checkbox"/> SharePoint
<input type="checkbox"/> IRIS	<input checked="" type="checkbox"/> <a href="#">Liquidfiles</a>	<input checked="" type="checkbox"/> <a href="#">iMedX</a>
<input type="checkbox"/> Other		

## Presentation: Complex symptom management

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In scope clinicians or Surgeon	Urgent	Routine
<ul style="list-style-type: none"> <li>Complex symptom management including pain control, nausea/vomiting, constipation, delirium etc.</li> <li>General Symptom management After GP /referrer has reviewed <a href="#">Symptom Management — Gippsland Region Palliative Care Consortium</a></li> </ul>	Reason for referral Diagnosis Symptoms Type & Duration Management to date Current meds Allergies	<ul style="list-style-type: none"> <li>Dr Hana Thompson</li> </ul>	<ul style="list-style-type: none"> <li>All dependent on RUN PC</li> </ul>	N/A unless renew referral

## Presentation: End of life decision making

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In scope clinicians or Surgeon	Urgent	Routine
<ul style="list-style-type: none"> <li>Assistance with end-of-life decision making (i.e. withdrawal of treatment, artificial hydration etc)</li> </ul>	Reason for referral Diagnosis Symptoms Type & Duration Management to date Current meds Allergies	<ul style="list-style-type: none"> <li>Dr Hana Thompson</li> </ul>	<ul style="list-style-type: none"> <li>All dependent on RUN PC</li> </ul>	N/A

## Condition / Presentation: VAD -Voluntary Assisted Dying

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In scope clinicians or Surgeon	Urgent	Routine
<ul style="list-style-type: none"> <li>Voluntary Assisted Dying</li> </ul>	Reason for referral Diagnosis, Management to date	<ul style="list-style-type: none"> <li>Dr Hana Thompson</li> <li>VAD Navigator 0448 003 464</li> </ul>	<ul style="list-style-type: none"> <li>All dependent on Run-PC</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

## Presentation: Patients and/or carers with profound existential distress, grief or bereavement issues

[State-wide Referral Criteria](#) applies to this condition

☒ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In scope clinicians or Surgeon	Urgent	Routine
<ul style="list-style-type: none"> <li>Management and referral to community services for patients and/or carers with profound existential distress, grief or bereavement issues</li> </ul>	Reason for referral	<ul style="list-style-type: none"> <li>Dr Hana Thompson</li> </ul>	<ul style="list-style-type: none"> <li>All dependent on Run-PC</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>