

REFERRAL CRITERIA FOR HOSPICE EASTERN BAY OF PLENTY SERVICES

1. The patient has active, progressive and advanced disease.

Patients eligible for Specialist Palliative Care are those with active, progressive and advanced disease for whom the prognosis is limited and the focus of care is quality of life.

2. The patient has an extraordinary level of need.

The patient has an unresolved complex need that cannot be met by their caring team using a ‘palliative care approach’. Examples of extraordinary levels of need can be:

- Physical symptoms - uncontrolled or complicated symptoms or specialized nursing requirements relating to mobility, functioning or self-care;
- Psychological issues - emotional or behavioural difficulties related to the illness, such as uncontrolled anxiety or depression;
- Social issues - involving children, family or carers, physical and human environment (including home or hospital), finance, communication or learning disability;
- Spiritual issues - unresolved issues around self-worth, loss of meaning and hope, as well as requests for euthanasia and complex decisions over the type of care, including its withholding or withdrawal.

3. The patient is resident within the Hospice catchment area and has New Zealand residency or reciprocal rights.

4. The patient agrees to the referral if competent to do so (or an advocate agrees on their behalf).

5. The patient is registered with a local primary healthcare provider.

6. If the patient is under 18 years old they are appropriately supported by specialist paediatric services.

7. If the patient has non-malignant disease, supportive evidence of end-stage disease is required.

Patients who meet the above criteria should be referred for Specialist Palliative Care assessment.

It is recognised that there are “grey areas” where individuals have needs but do not fit all the criteria above. These patients may be referred, however further discussion with the GP may be required before acceptance to palliative care services.

It is also recognised that referral to Hospice EBOP does not preclude involvement of other healthcare professionals, as we endeavour to work in a supportive and collaborative way with other healthcare teams.

Hospice EBOP acknowledges that “gaps” exist in current healthcare service delivery and it may be beyond the scope of hospice resources to meet these healthcare service provision gaps.

Hospice EBOP services include;

- Assessment and care coordination
- Palliative care nursing support in the patient’s place of residence,
- 24/7 telephone advice for patients and health professionals,
- Grief & bereavement counselling,
- Family support by trained volunteers
- Specialist equipment loan,
- Volunteer biography service,
- Coordination of end-stage and respite beds in Golden Pond aged care facility,
- Coordination of personal cares and home help services
- Access to a Palliative Care Medical Specialist.

Hospice EBOP does not have an in-patient unit

Hospice EBOP works collaboratively with the patient’s own GP who remains central to patient care.