

Erie St. Clair LHIN Palliative Care Consultation Team (PCCT)

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Objectives

- PCCT Team – Who are we?
- Referral for PCCT NP
- Criteria for PCCT NP Service
- Timelines
- Communication

PCCT Team

- Palliative Care Nurse Practitioner
- Respiratory Therapist
- Care Coordinator
- Community Providers including: Nursing; OT; PT; ET
RN; Speech Therapist; Dietician.
- Collaborate with Family
Respite/Hospice/Alzheimer's for additional services
i.e. Social Work; Respite....

Palliative Nurse Practitioner Referral Guidelines

Does the patient have a life limiting illness?

If no, not eligible for NP service

If Yes, proceed to next question

Is the prognosis < 6 months?

If no, not eligible for NP service

If Yes, patient is suitable for NP service

Clinical Indicators by Referral

Cancer: Metastatic Disease with prognosis < 6months.

Heart Failure: SOB/fatigue/pain; repeated hospital admissions i.e. > 3 during the past 12 months; PPS < 40%; ejection fraction < 20%; CHF symptoms persist despite optimal medical management.

COPD: disabling SOB @ rest; repeated hospitalization for exacerbations of COPD or pulmonary infections > 3 during the past 12 months; home bound;

Clinical Indicators for Referral (Con't)

Renal Failure: Stage 5 Kidney Disease and declining/discontinuing Dialysis. Renal Failure on Dialysis with a diagnosis of Cancer – will treat the symptoms associated with the Cancer

Neurological Disease i.e. ALS/Dementia: difficulty swallowing, decreased nutritional status; home bound; require assistance with all ADLs

Liver Failure: Gross Ascites; history of Peritonitis; recurrent peritoneal draining; cognitive issues such as Hepatic Encephalopathy; loss of appetite and requiring assistance with all ADLs

Timelines

- Upon receipt of referral, PCCT NP will see the patient within 5 days; 24 – 48 hrs for urgent referral.
- Extension of hours to weekends – service will be offered Monday to Sunday from 8:30 am to 4:30 pm (starting in the new year).
- PCCT NP will remain involved in managing patient's palliative symptoms until patient's death and will support HPP.
- At times, patient stabilizes, prognosis may have been unclear and if > 6 months to 1 year, will be referred back to PCP for management

Referral and Treatment Plan

Chatham Site Sarnia Site Windsor Site
 Ph: 1-888-447-4468 Ph: 1-888-447-4468 Ph: 1-888-447-4468
 Fax: 519-361-5842 Fax: 519-337-4931 Fax: 519-258-6288

Community: _____
 Hospital: _____ Unit: _____
 Alternative Contact for Patient: _____
 Relationship: _____ Phone: _____

Patient Demographics

Patient Name: _____
 M F DOB: _____ (dd/mm/yyyy)
 HCN: _____ VC: _____
 Address/B11: _____
 City: _____ PC: _____
 Phone: _____

Patient Agrees to Referral

Service Needed: (Assessment by ESC LHIN to determine services in clinic or home) Health Links
 Nursing Palliative (PCCT) Personal Support Telehomecare Long Term Care Placement
 Dietician Social Work Physiotherapy Occupational Therapy Speech Language Pathology
 COPD Teams PCCT NP Rapid Response Nurse (RRN) Geriatric Rapid Response Team (GRRT)

Reason for Referral: _____
 Diagnosis: _____
 NKA Allergies/Sensitivities: _____

Medical Orders

Best practice/evidenced based practice will be initiated unless otherwise written. Wound care outside of evidenced based practice may not be eligible for ESC LHIN services. Treatment will be taught and service reduced when appropriate.

Specify Wound: Surgical Malignant Pilonidal Traumatic Venous Leg Ulcer Arterial Leg Ulcer
 Diabetic Foot Ulcer Maintenance Non-Healing Other: _____
 Pressure Ulcer: **Specify Stage:** 1 2 3 4
IV Therapy: Peripheral PICC - Catheter Length: Internal: _____ cm External: _____ cm
 Subcutaneous Central Number of Lumens: 1 2 3
 First Dose Given: Yes No **Date and Time Next Dose Due:** _____

Additional Referral Information /Specific Health Care Orders: (Infusion orders require frequency, dosage and duration)

Patient is EOL - prognosis
 < 6 months.
 PCCT NP for Symptom
 Management

Signature: _____ Print Name/Designation/Title: _____ OHIP Billing Code ¹: _____
 CPSO/CNO Reg. Number: _____ Phone Number: _____ Date (dd/mm/yy): _____

*Physician use only. Applicable OHIP as outlined in the Schedule of Benefits for Physician Services under the Health Insurance Act.

Communication

PCCT NP consultation letter

NP MUR (Medical Update Request)



Questions...

Thank You

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