

Hospice Tairāwhiti
 Private Bag 7001, Gisborne, 4040
 Ph: 06 869 0552 Fax: 06 869 0566
 Email: hospice@hospicetairawhiti.org.nz

THIS REFERRAL CANNOT BE ACTIONED BY OUR TEAM IF
 1. The patient does not consent to referral. 2. There is insufficient supporting information e.g. clinical notes.



REFERRAL FOR SERVICES

Referral Criteria Met (see overleaf): Yes No (please phone to discuss needs)

Date: **Urgent** (Within 24hrs) **Semi-Urgent** (1-3 Working Days) **Routine** (2-7 Working Days)
 Please call 06 869 0552 to discuss all Urgent Referrals **Inpatient Consult Only**

Patient consent to referral: Yes / No (Please note, consent is required prior to referral)

Family Name	Given Names	Preferred Name	NHI Number
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Address	Phone Number/s Home: Cell:
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Ethnicity: Pref. Language:	Age:	Date of Birth:	Gender:	GP: Practice:
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NOK & Relationship:	NOK Contact details:	Primary Carer: <input type="checkbox"/> Same as NOK	Carer's Contact:
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Reason for specialist palliative care referral?
Details / Current Situation:

	✓
Symptom Management	
End Stage Care	
Psychosocial Support	
Other – Please state	

Current hospital inpatient: No/ Yes (Ward:.....) **Expected Discharge Date:**

Primary Disease History	Co-morbidities
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Social/ Care Situation	Mobility <input type="checkbox"/> Ambulant independently <input type="checkbox"/> Ambulant with aids <input type="checkbox"/> Bedbound Details: _____	Known Allergies or Safety Issues (including infectious status/ ICD / pacemaker/community safety risks)
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Other services involved:

<input type="checkbox"/> District Nurses	<input type="checkbox"/> Home Help (Service.....)	<input type="checkbox"/> NASC
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Personal Cares (Freq.....)	<input type="checkbox"/> MND
<input type="checkbox"/> Social Worker (Service.....)	<input type="checkbox"/> Cancer Society	Other: _____
<input type="checkbox"/> Iwi Provider (Service.....)	<input type="checkbox"/> Oncology	
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Cultural Support (Service.....)	

Please attach documentation where available- Clinic letters/ GP notes/ hospital discharge summaries/ medications/ recent scans/ blood results – Process of this referral will be delayed if there is insufficient supporting evidence

Referred by:	Role:	Organisation:
Signature:		Phone:

Hospice Tairawhiti Referral Guide



Palliative Care

Hospice Tairawhiti services are available to all registered patients and/or patients with New Zealand residency or reciprocal rights within Hauora Tairawhiti.

- **Urgent Referrals:** Phone Hospice to discuss Ph 06 8690552
- **Semi-Urgent referrals:** contact will be made within 1-3 working days of receipt of referral
- **Routine referrals:** contact will be made within 2-7 working days of receipt of referral
- **Inpatient Consult Only**

Eligibility Criteria

Patient must meet all five criteria below to be eligible for referral to Hospice Tairawhiti. If there is any doubt about eligibility, the referrer should contact Hospice to discuss further. It will be at the discretion of the service as to whether patients who do not meet all of the criteria will be accepted.

- The patient has active, progressive and advanced disease, for whom prognosis is limited and the focus of care is quality of life, and is reasonably expected to die within 12 months
- The patient has a level of need that exceeds the resources of the primary palliative care provider
- The patient agrees to the referral if competent to do so (or an advocate agrees on their behalf)
- The patient has NZ residency or has reciprocal rights, and is resident within the DHB area
- The patient is registered with a local primary healthcare provider

Referral to include

Diagnosis:

- Primary diagnosis, date of diagnosis, patient is aware of diagnosis?
- Secondary diagnosis, other major diagnosis, diagnosis type - e.g. malignant, non-malignant renal

Care team details:

- Specialist name, department and hospital
- GP contact details, GP delegate when unavailable contact details
- Enduring power of attorney arrangements/ Next of Kin

Reason for Referral state what service/s you require e.g.

- Symptom Management
- End Stage Care
- Psychosocial Support
- Other

Other

- A list of current medications
- Known allergies
- Attach recent clinical documents

Who can refer to Hospice Tairawhiti?

We welcome referrals from all health care providers, however we encourage discussion with the individual's GP or specialist prior to referral.

How are referrals prioritised?

Referrals are prioritised according to the complexity of problems presented. From the date the referral is received, our standard is that contact is made to patient/whanau within 24 hours for urgent referrals, and 2-7 working days for routine referrals.

Discharge from our care

Patients who have been clinically stable for a period of two to three months may be discharged from the service. In each case, this will be in discussion with the patient and their supporting healthcare providers, with the knowledge that re-referral can occur if the need arises at any time in the future.