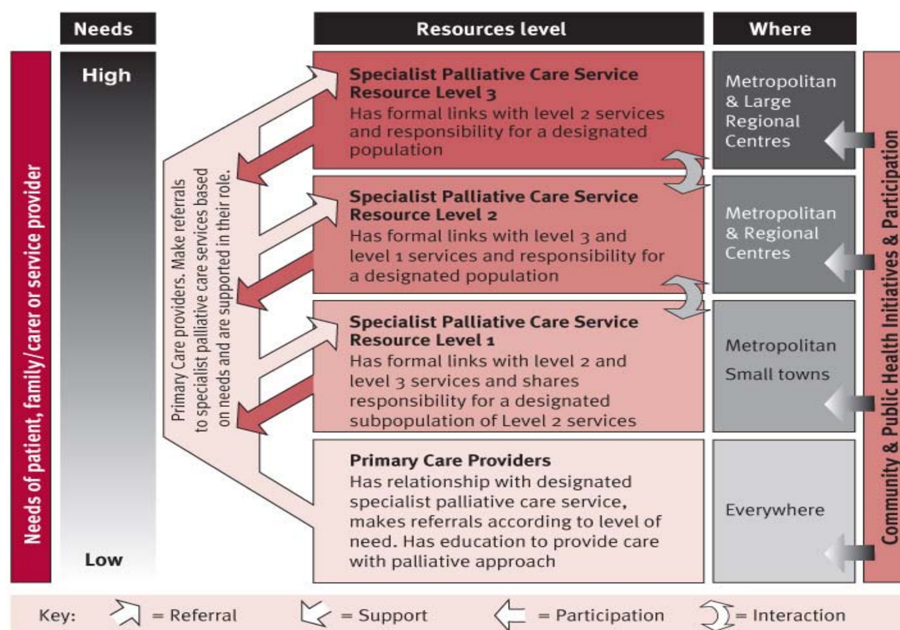
section 3.1: who needs a referral to a specialist service?

definition of a specialist palliative care service

"A specialist palliative care provider is a medical, nursing or allied health professional, recognised by an accrediting body who provides consultative or ongoing care for patients with a life limiting illness and support for their caregiver/s and family.
Specialist palliative care builds on the palliative approach adopted by primary care providers and reflects a higher level of expertise in complex symptom control, loss grief and bereavement."[1]

Primary health care providers in acute hospitals play a critical and central role in the care of patients with a life limiting illness. However there are times when patient or caregiver needs exceed the skills or capacity of the primary treating team and support from the specialist palliative care team is required.

palliative care service planning framework



Framework for palliative care service planning

Figure 3: Framework for palliative care service planning from a Guide to Palliative Care Service Development. A population based approach (2005). Palliative Care Australia. Pg 21.

The service planning diagram above sets out a framework of roles and relationships between primary health care providers, specialist palliative care services and the complexity of the patient's needs.[2]

It is important to recognise that care for patients occurs on a single continuum – with primary health care providers employing a palliative approach to care (see Section 1.1 – *Definitions*) and the specialist palliative care team considered an extension of this management, to be put in place should the individual situation require it.

who needs a referral to a specialist service?

Referral to a specialist palliative care service is "appropriate at any time in the disease trajectory when the patient with a life limiting illness, or significant others associated with the patient, have identified needs that are not being adequately addressed, whether these needs are physical, psychological, social or spiritual."[3] Conversely, not all patients facing life limiting illnesses and death will require the input of a specialist service. These patients and their families may be well catered for by their inpatient medical and nursing team, staff at a residential aged care facility or General Practitioner and community nurse.

referral guidelines:

Referral to a specialist palliative service is dependent on a number of factors which include:

- the patient has a diagnosis of an active, progressive life limiting illness, for which the primary treatment goal is maximizing function and comfort
- the patient and/or family is aware of their diagnosis and prognosis
- the referral is negotiated with the patient and caregiver or family – note that this criteria may be modified in accordance with individual cultural requirements
- the referral is negotiated with the primary treating health professional
    - in a hospital setting, this will be the primary treating medical team
    - if the patient has already been discharged, this will be the patient's General Practitioner
- the patient, family and/or caregivers have identified needs that are not adequately addressed – see complex needs outlined in the next paragraph.

Should the care plan be to discharge the patient home to the community then a specific General Practitioner must be able to be identified.

identifying complex needs that are currently not addressed

As a treating team consider:

- does the patient have complex pain or other distressing physical symptoms that are not adequately managed by optimising the usual treatment and management regimes?
- are there complex psychological, social or spiritual needs present for either the patient or the caregiver which exceed the capacity, skills and resources of the treating medical team?
- does the patient and/or caregiver need assessment and coordination of multiple community-based supports, either now or in the near future?
- is there an increased risk of complicated grief for the family or caregiver? (see Section 7- *Bereavement, Grief and Loss*)

Referral to, and involvement of, the specialist palliative care team does not imply that "nothing more will be done". Reversible medical conditions are recognised and treated in line with the patient's wishes – interventions which promote comfort and function (which may include palliative surgical procedures, anaesthetic procedures and disease-modifying treatments such as palliative radiotherapy and chemotherapy) continue to be offered while they provide a positive benefit to the patient, are technically possible and are deemed medically appropriate by the treating team.

The fundamental question regarding referral is:

> **Will input from the specialist palliative care service clearly help in addressing the needs of this particular patient; needs that are currently not able to be addressed by the primary health care providers?**

Discussing the referral with the patient and/or family prior to arrival of the specialist palliative team can be reassuring, provide clarity about directions and allow the patient and family time to adjust to what may be very new information.

timing of referral

The timeliness of introduction to the specialist palliative care service and information about availability of palliative care services is critical. This can prompt discussions about options and choices which can then be integrated into the patient's care plan.

Referrals generally arise when the goals of care are moving towards providing comfort as opposed to cure. The best management of this transition occurs over time, with allowance for the development of relationships between the palliative team and the patient and their family.

Referral may be early in the course of disease if:

- there are major decisions in care planning to be made
- there is high patient or caregiver need
- disease is well advanced at the time of diagnosis or the natural history of the particular disease is known to be characterised by a short trajectory or punctuated by significant symptoms.

Early referrals avoid crisis management and allow the palliative care team to assess needs and assist in care planning. Referral may be made late in the course of disease when treatment options become limited or if progression of disease is rapid and unexpected.[4] If there is uncertainty about the appropriateness of a referral, contact the palliative care hospital liaison staff or local specialist palliative care service to discuss the patient concerned.

related resources and information:

Living Caring Working website: www.livingcaringworking.com

Palliative Care Australia: www.pallcare.org.au

references

[1] Standards for Providing Quality Palliative Care for all Australians (2005). Palliative Care Australia, ACT. Pg 12.

[2] A Guide to Palliative Care Service Development: A population based approach (2005). Palliative Care Australia, ACT. pg 21.

[3] Girgis A, Johnson C, Currow D, Waller A, Kristjanson L, Mitchell G, Yates P, Neil A, Kelly B, Tattersall M, Bowman D (2006). Palliative Care Needs Assessment Guidelines. The Centre for Health Research and Psycho-Oncology, Newcastle, NSW.

[4] Therapeutic Guidelines- Palliative Care. Version 2 (2005) Therapeutic Guidelines Ltd, Victoria, Australia.