

section 3.2: how is a referral made?

who can make a referral?

Referrals may be made by:

- inpatient primary medical treating teams
- General Practitioners
- other health care providers
- patients/caregivers/family – these referrals are best addressed by the patient or family initially discussing the possibility of the specialist palliative care involvement with the primary treating team (prior to accepting the referral for assessment the specialist palliative care team would contact the prospective patient's primary treating medical team or the GP).

what is required of the specialist team?

At the time that a referral is made it is important that the referrer advises the palliative care specialist service of their specific requirements. Is the referral for:

- a single assessment for review of a specific symptom issue
- ongoing consultative input regarding symptom management
- enhancement and coordination of community support services
- psychological support in making transitions of care or loss and grief issues?

Designated palliative care clinicians work in both metropolitan and rural regions.

For contact details of your closest metropolitan team or an appropriate rural team if this is required:

- see Section 5 – *Accessing resources for care*
- or visit www.pallcare.asn.au for online map locations

referral methods

a. referrals for inpatients

Each hospital will have its own specific documentation and forms that are required when referring patients to specialist services (eg General Consultation form) – check what is required in your hospital. Once completed, this form can be faxed to your local specialist palliative care service. Specialist palliative care staff provide a regular consultancy service to the larger metropolitan public hospitals in Adelaide and they can be contacted during business hours through the hospital switchboard to discuss referrals. Specialist palliative care staff can also be contacted should you need to pass on additional relevant patient or family information, to establish the urgency of the assessment required or to outline specific requests for the focus of the assessment. Assessment of patients in private hospitals can be arranged following negotiation with the palliative care specialist team, whose details will be available at the local palliative care service

b. referrals for patients already discharged to the community

Referrals may be made by a telephone call to the local specialist palliative care service. The reception staff will take information and then require this to be followed up with a faxed form. If the referral is considered urgent, contact the service by phone to outline specific requirements and to facilitate a timely response.

Based on a review of relevant clinical information and contact with the primary health care provider, further assessment will be undertaken either at the client's home or at the most convenient palliative care outpatient clinic, depending on the patient's condition and ability to travel. Information provided is critical to allow the specialist palliative care staff to respond appropriately and in a targeted manner to identified needs and can prevent unnecessary delays.