

## **Palliative Integrated Long-Term Care Program**

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### **What is Michael Garron Hospital's (MGH) Palliative Integrated Long-Term Care Program?**

MGH's Palliative Integrated Long-Term Care Program offers a Palliative Care Clinical Nurse Specialist (CNS) and Palliative Care Physician consultation to residents, families and long-term care teams (including personal support workers, nurses, physicians and social workers). The goal of the program is to provide palliative care support to care teams working in long-term care so that residents can be palliated where they live and are not unnecessarily transferred to hospital.

### **Which long-term care home residents should I refer?**

- Residents who could benefit from pain and symptom management
- Residents with multiple chronic progressive diseases and medications
- Residents who have had frequent transfers and/or hospitalization for unmanaged symptoms such as pain, dyspnea, nausea, constipation and agitation
- Residents and families who could benefit from an end-of-life and/or goals-of-care discussion

### **Why should I refer residents to the Palliative Integrated Long-Term Care Home Program?**

- To access a Palliative Care Specialist team (including a CNS and physician) within days or weeks
- To access other acute care specialists, such as internists, dieticians and respirologists
- To access a dedicated Palliative CNS to ensure recommendations can easily transition to practice
- To gain the necessary support to assist and manage complex residents who "keep you up at night"

### **Who can I contact if I have questions about the program?**

Please contact Sarah Jerome, BScN, RN, CHPCN(c) Palliative Care CNS at MGH's Palliative Integrated Long-Term Care Program

**Office:** 416-469-6580 ext. 3157 | **Cell:** 647-244-1229 | **E-mail:** Sarah.Jerome@tehn.ca

## Referral Form for Palliative Integrated Long-Term Care Program

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Please fax completed form to: 416-469-6864 Attn: Sarah Jerome

Date of referral: M M / D D / Y Y

Source of referral (if other than primary care physician/nurse): \_\_\_\_\_

Does the patient's family physician/attending physician or nurse practitioner consent to participating in this program?  
Yes \_\_\_ No \_\_\_

Name of referring primary care provider (i.e. GP or NP): \_\_\_\_\_

Primary practice street address only: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

OHIP#: \_\_\_\_\_ DOB: M M / D D / Y Y Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_ Patient's substitute  
decision maker (SDM):

Caregiver name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Referral checklist:

- Does the patient/SDM consent to participating in this program? Yes \_\_\_ No \_\_\_
- Does the patient have more than one unmanaged symptom? Yes \_\_\_ No \_\_\_
- Is the patient eating and drinking well? Yes \_\_\_ No \_\_\_
- Is the patient able to independently attend to activities of daily living? Yes \_\_\_ No \_\_\_
- Would you be surprised if this patient died in less than 3 weeks \_\_\_ 3 months \_\_\_ 6 months \_\_\_ 1 year \_\_\_
- Is this patient's care difficult to manage due to complications of co-existing conditions? Yes \_\_\_ No \_\_\_
- How many hospital emergency department visits has the patient made in the past 3 months? \_\_\_\_\_
- Is the patient currently in hospital? Yes \_\_\_ No \_\_\_
- Has the patient experienced progressive weight loss (>10%) in the last 6 months? Yes \_\_\_ No \_\_\_
- Does the patient have an advance care plan? Yes \_\_\_ No \_\_\_
- What is the patient's resuscitation status? \_\_\_\_\_