

Hospice Palliative Care Admission Criteria

Goals of care need to be discussed with the patient or Substitute Decision Maker/POA Care prior to referral so triage to the appropriate level of care can occur.

Discharge planning will be initiated for patients whose condition stabilizes and who have care needs that can be met in another care environment.

Referred patients must meet all criteria outlined below for eligibility



	Palliative Home Care Community Care Access Centre (CCAC)	Bruyère Continuing Care Palliative Care Unit (PCU)	Hospice Care Ottawa (HCO)
Disease Status	Presence of a progressive, life-limiting illness (cancer or non-cancer) requiring palliative pain and symptom management	Presence of a progressive, life-limiting illness (cancer or non-cancer) requiring specialized palliative pain and symptom and complex end-of-life care	Presence of a, progressive, life limiting illness (cancer or non-cancer), and who are at the end of life
Prognosis	<12 months	There is no prognosis criterion for admission to Bruyère's Palliative Care Unit	Last days or weeks of life
Functional Status	Anticipated functional decline as disease progresses	Palliative Performance Scale (PPS) not applicable	Palliative Performance Scale (PPS) is equal or less than 30%
Length of Stay	<12 months	Days to weeks	Last days or weeks of life
Goals of Care	Palliative Care Approach where patient care needs can be supported with combined caregiver support and CCAC services in a safe community environment	Management of complex and/or acute pain and symptom crises across the illness trajectory, including the end of life There is no requirement that a Do Not Resuscitate (DNR) order be in place	Patients admitted have a primary goal of comfort care at the end of life Patients must have a Do Not Resuscitate (DNR) order in place at time of referral and end of life goals have been clarified with patient/SDM
Complexity Level	Complexity that can be cared for at home	Have complex needs that require intensive daily follow-up by a palliative care Physician	Patients have care needs that cannot be managed in their home or do not wish a home death Patients' needs are relatively low in complexity
Examples of Care Needs (not exhaustive)	<ul style="list-style-type: none"> Nursing Care Personal Support Services PT, OT, SW, SLP, RD Medical Supplies & Equipment Ongoing Case Management <p>In the community CCAC also offers; system navigation, linkages with Family Health Teams & community Palliative Care Physicians, RPCT and referrals to community resources (e.g. day hospice programs; in-home hospice volunteers; bereavement support).</p> <p>CCAC does not provide 24 hour/day care at end of life.</p> <p>Contact CCAC for further information.</p>	<ul style="list-style-type: none"> Neuraxial block management (intrathecal or epidural) in the post insertion phase (greater than 24-72 hours) Complex trach care Indwelling chest or abdominal drainage tube BIPAP & CPAP Patients still receiving chemotherapy and radiation with palliative intent. Switch/rotation to methadone Initiate and titrate Ketamine Management of complex wound care Patients with severe agitated delirium Total parenteral nutrition Blood and platelet transfusion 	<ul style="list-style-type: none"> Stable Neuraxial block management in the maintenance stage (greater than 5 days post insertion) Stable trach care Indwelling chest or abdominal drainage tube BIPAP & CPAP will be assessed on an individual basis Patients no longer receiving chemotherapy and or radiation <p>HCO does not accept;</p> <ul style="list-style-type: none"> Patients with active TB, C. difficile positive, wandering and/or exit seeking Patients requiring enteral feeding or transfusions Patients/families who pose a risk of violence or harm to self/others