

Monday to Friday 8am – 4pm

Email: MPaCCS@bethesda.org.au

Phone: 9217 1777

Fax: 9217 1788

Referral Forms:

www.bethesda.org.au/mpaccs

Resident's Full Name			
Resident's Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Resident's Usual Facility			
Facility Phone			
Facility Location	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East		

Referral Priority	<input type="checkbox"/> Within 1 – 2 Days	<input type="checkbox"/> Within 5 days	<input type="checkbox"/> More Than 5 days	<input type="checkbox"/> In-Facility Clinic*
Referral Date			Referrer Name	
Ready For Care Date			Referrer Position	
GP Name			Referrer Mobile	
Current Location	Person/family aware of this referral			<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Diagnosis	GP aware of this referral			<input type="checkbox"/> Yes <input type="checkbox"/> No
Main Language	Interpreter needed			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alerts	<input type="checkbox"/> COVID-19	<input type="checkbox"/> facility outbreak	<input type="checkbox"/> multi-resistant organism	<input type="checkbox"/> other:
Main Referral Reason	<input type="checkbox"/> Symptom Management Advice <input type="checkbox"/> Staff Support <input type="checkbox"/> Other: <input type="checkbox"/> Advance Care Planning Support <input type="checkbox"/> Terminal Care Support			
Other Referral Reasons (please provide relevant details)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Key Issues or Needs (use '+' for most severe or distressing)	<input type="checkbox"/> Physical Symptoms <input type="checkbox"/> Spiritual or Existential Distress <input type="checkbox"/> Other: <input type="checkbox"/> Emotional Distress <input type="checkbox"/> Communications or Conflict			
History (please provide relevant details)	Karnofsky score: (see over for info) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Documents Attached (please attach all that are relevant, if available)	<input type="checkbox"/> Recent Discharge Summary <input type="checkbox"/> Current Medications List <input type="checkbox"/> Other: <input type="checkbox"/> Current Advance Care Plan/s <input type="checkbox"/> Imaging & Pathology Results			

Referral Priority Indicators

Within 1 – 2 Days	Within 5 Days	More Than 5 Days	In-Facility Clinic
<ul style="list-style-type: none"> The person is in the terminal phase (ie days or hours to live), or The person is in the unstable phase (ie rapid clinical deterioration, unmanaged symptoms) & urgent specialist input is required 	<ul style="list-style-type: none"> The person is approaching the terminal phase (ie a month or weeks to live), or The person is in the deteriorating phase (ie gradual clinical deterioration), and specialist input is needed to plan for possible likely needs or support communications 	<ul style="list-style-type: none"> The person is in the stable phase (ie existing care plan meets needs), and Assessment is needed to identify possible future needs, and (Advance) care planning is required to meet possible future needs 	<ul style="list-style-type: none"> Only by prior negotiation with MPaCCS An MPaCCS clinician sees up to 4 individuals in a single session Facility must allocate staff to attend all clinic appointments on the day All new cases must be referred using this Referral Form

An MPaCCS clinical team member will call you promptly to discuss your referral – please include your number above.

- MPaCCS assists facilities & GPs with specialist medical & psychosocial assessment, care planning & case review for residents approaching the end-of-life. Residents receiving life-prolonging treatment are not excluded from palliative care referral.
- Referrals are accepted from any medical and nursing staff at metropolitan hospitals, mental health & disability services, Department of Corrective Services & residential aged care facilities. The GP retains clinical responsibility.
- MPaCCS is managed by Bethesda Healthcare and funded by the WA Department of Health.

AKPS: Australia-modified Karnofsky Performance Status

100	Normal; no complaints; no evidence of disease	40	In bed more than 50% of time
90	Able to carry on normal activity; minor signs or symptoms	30	Almost completely bedfast
80	Normal activity with effort; some signs of symptoms of disease	20	Totally bedfast & requiring extensive nursing care by professionals &/or family
70	Cares for self, but unable to carry on normal activity or to do active work	10	Comatose or barely rousable
60	Requires occasional assistance, but can care for most needs	00	Dead
50	Requires considerable assistance & frequent medical/nursing care	<i>Consider 'terminal phase' if AKPS is ≤ 20/100, & there has been recent significant functional decline.</i>	



Supportive and Palliative Care Indicators Tool (SPICT™)



The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Look for clinical indicators of one or multiple life-limiting conditions.

Cancer

- Functional ability deteriorating due to progressive cancer.
- Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

- Unable to dress, walk or eat without help.
- Eating and drinking less; difficulty with swallowing.
- Urinary and faecal incontinence.
- Not able to communicate by speaking; little social interaction.
- Frequent falls; fractured femur.
- Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

- Progressive deterioration in physical and/or cognitive function despite optimal therapy.
- Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.
- Recurrent aspiration pneumonia; breathless or respiratory failure.
- Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vasoular disease

- Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.
- Severe, inoperable peripheral vascular disease.

Respiratory disease

- Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.
- Persistent hypoxia needing long term oxygen therapy.
- Has needed ventilation for respiratory failure or ventilation is contraindicated.

Other conditions

- Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Kidney disease

- Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
- Kidney failure complicating other life limiting conditions or treatments.
- Stopping or not starting dialysis.

Liver disease

- Cirrhosis with one or more complications in the past year:
 - diuretic resistant ascites
 - hepatic encephalopathy
 - hepatorenal syndrome
 - bacterial peritonitis
 - recurrent variceal bleeds
- Liver transplant is not possible.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Please register on the SPICT website (www.spict.org.uk) for information and updates.

SPICT™, April 2019