

Criteria and Guidelines for Admission to Gandarra Palliative Care Unit

Preamble

The purpose of this document is to ensure appropriate admissions to Gandarra Palliative Care Unit, an 11 bed in-patient facility at the Queen Elizabeth Centre Sub-Acute site of Ballarat Health Services. Because the resource is limited and the demand for in-patient care is frequently high it is important that the care needs of patients and their families/carers is suitably matched to the services available at Gandarra.

The palliative care unit is a facility which can provide active, specialist palliative care interventions for patients who require assessment, treatment & stabilization of significant symptoms. **The function of the palliative care unit must be clearly differentiated from the more residential focus of nursing homes and hostels.** Many patients being managed with “palliative intent” or with a “palliative approach” may be cared for in a variety of settings and only require admission to Gandarra if they have complex palliative care problems or where all else fails.

Currently approximately 40% of patients admitted to Gandarra are discharged either to home or to an alternative care facility.

4 Broad Categories of Admission

- **Complex pain & symptom management** (including psychosocial distress) for a patient with an active & progressive, incurable illness where the goals of care are maximization of quality of life.
- **End-of-life care** for a patient who seems to be approaching, or has clearly entered, the terminal/dying phase of his/her illness and whose care cannot be adequately or appropriately provided in an alternative setting. (ie the anticipated outcome of the admission is the death of the patient).
- **Respite care** for a defined, limited time (maximum of 2 weeks) for a palliative care patient being cared for at home (subject to bed availability).
- **Comprehensive assessment** of a patient with an advanced, incurable illness whose current health status is uncertain and who cannot be adequately assessed in their current care setting. The outcome for the patient will most likely be unclear at the time of referral.

Admission Criteria

- Patient must have a diagnosed, active & progressive incurable illness (or, as will occasionally arise, be clearly in the “dying phase” of an undiagnosed or ill-defined illness).
- Patient must require specialty palliative care and have **complex*** (see below) physical, psychosocial or spiritual needs that cannot be adequately met in the current place of care.
- Palliative goals of care must be agreed to by patient, family and medical professionals.
- Patient/family must agree to ACAS assessment (if not already completed) and transfer to an appropriate care setting (eg home, Residential Aged Care Facility) if the medical condition stabilizes.
- Patients/family must accept ‘not for resuscitation’ status or must understand the very limited resuscitation facilities & equipment available in the Palliative Care Unit.

Requirements for Wait-Listing

- Patient must have been **assessed by, or discussed with,** a palliative care physician, palliative care registrar, nurse practitioner in palliative care or liaison CNC in palliative care.
- The proposed admission must be discussed with the Nurse Unit Manager (NUM) or Assistant NUM ‘in-charge’ before arranging the admission (this is to allow consideration of staffing issues, bed/room arrangements, bariatric issues, timing of admission, etc).
- For respite admissions, a clear & viable discharge plan & location must be in place at the time of accepting the referral. There must be a negotiated time limit for the admission which will not exceed 2 weeks unless exceptional circumstances prevail.
- After hours (ie nights, weekends, and public holidays) admissions must be approved by the QEC on-call medical consultant, taking into account the above criteria and requirements.
- Unconscious or extremely moribund patients already receiving inpatient care at another facility should NOT be transferred to Gandarra unless all parties agree that the transfer is in the patient’s best interests.

Order of Priority for Admissions

The level and complexity of clinical care needs (medical, nursing or allied health) will be assessed by the consult team member taking the referral and discussed with the palliative care consultant physician on in-patient duty in order to fairly prioritise the admission. The order of priority would normally be as follows, in order of highest priority to lowest:

- Patient in the community with a high clinical need for specialist palliative care. The patient would ordinarily be a previously recognized palliative care patient and under the care of a community palliative care service.
- Patient in an emergency department who requires complex palliative care, after the assessment by a member of the palliative care consult team.
- Patient in an acute ward who requires complex palliative care which is more appropriately or effectively provided in a palliative care unit.
- Patient in an acute ward who has completed all disease-modifying treatment and requires stabilization of symptoms and 'limited rehabilitation' prior to going home or to an alternative care setting.
- Elective respite admission depending on bed availability.

NB: Very occasionally a patient who has been treated for cancer with curative intent may be admitted for temporary management of complex symptoms related to their treatment &/or disease prior to discharge. Such an admission to the palliative care unit requires careful discussion with, and assessment by, one of the palliative care physicians.

* **Complex palliative care needs** may include:

- uncontrolled symptoms (eg pain, nausea/vomiting, delirium, dyspnoea)
- two or more sites of pain
- symptoms that have recently undergone rapid deterioration
- significant side-effects/toxicity from medications (eg opioids)
- multiple medications required for symptom control
- significant psychosocial issues (eg lack of carer/social supports, family discord)
- significant current psychiatric symptoms (or history of same)
- history of substance abuse
- paediatric or young adult patients