

# VIRTUAL PALLIATIVE SUPPORTIVE CARE - ADMISSION

## QUICK REFERENCE GUIDE

<b>Applies to:</b>	CHS clinicians and Community Virtual Care (CVC) clinicians.
<b>Purpose:</b>	Guide for referral and admission process for Virtual Palliative Supportive Care clients.

### Referral Checklist

Admission to CVC Nursing	Action
<p><b>Information to Include in Referral</b></p> <ul style="list-style-type: none"> <li>Client has been diagnosed with a life-limiting condition that is palliative in nature (may still be receiving active treatment).</li> <li>See <a href="#">Supportive and Palliative Care Indicators Tool (SPICT)</a> for more guidance.</li> <li>Does client have a Palliative Perform Scale &gt; 60%?</li> <li>See Suitability &amp; Eligibility <a href="#">here</a> for more information.</li> </ul>	<ul style="list-style-type: none"> <li>Complete PARIS referral: Referral Reason: <b>NSG-CVC.</b></li> <li>Referral Comments: Identify that the referral is being made for VPSC services.</li> <li>Referral priority: <b>CA1</b></li> </ul>
<p><b>Support Offered by CVC RN</b></p> <ul style="list-style-type: none"> <li>1:1 guided education and coaching with a RN trained in a Palliative approach to care.</li> <li>Focus of care and support include topics such as symptom management, diagnosis support, connection to other services PRN, beginning serious illness conversations, navigation &amp; planning to enhance client confidence in how to manage as things change.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss referral with client.</li> <li>Does the client recognize they have a life limiting diagnosis?</li> <li>Discuss supportive care options that are provided such as symptom support and education and coaching.</li> </ul>
<p><b>Care Plan</b></p> <ul style="list-style-type: none"> <li>Will your team continue to support this client?</li> <li>Does the client know about the referral?</li> </ul> <p><b>Ensure clients are aware and agreeable to this support.</b></p>	<ul style="list-style-type: none"> <li>Indicate in referral if you will be sharing care with CVC.</li> <li>Do not discharge client until CVC RN has discussed plan of care with you.</li> </ul>
<p><b>Shared Care</b></p> <ul style="list-style-type: none"> <li>Care may be shared between CVC and another CHS team (e.g.) HCN/CM/SW.</li> <li>The Care Plan should include frequency of visits from your team.</li> <li>Charting for CVC VPSC clients can be found in PowerChart - Results Review or Progress Notes.</li> </ul>	<ul style="list-style-type: none"> <li>Clinician should indicate if visits will be in home or remote (telephone) within Actions &amp; Situational Awareness.</li> <li>Clinician should indicate the frequency with which visits will occur (monthly/weekly) within Situational Awareness. This will help the CVC team coordinate visits with you.</li> </ul>

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<p><b>Contact Information</b></p> <ul style="list-style-type: none"> <li>• How do you want our team to contact to you to discuss changes in the client condition?</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate the best way for us to contact you: telephone (please list landline) or email/resource mailbox for your team.</li> </ul>
<p><b>How to Contact CVC</b></p> <ul style="list-style-type: none"> <li>• Specific client questions</li> <li>• General program questions</li> <li>• Hours of Operation</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="mailto:homemonitoring@islandhealth.ca">homemonitoring@islandhealth.ca</a></li> <li>• <a href="mailto:communityvirtualcare@islandhealth.ca">communityvirtualcare@islandhealth.ca</a></li> <li>• Clinical line daily from 0800-2000 (includes weekends and Stat Holidays) via 1-833-610-2255</li> <li>• General Inquiries via 250-519-7700 x 11928</li> </ul>