



<p>Team Name: Regional Palliative Care Team</p> <p>Team Lead: Director - Home Care, Palliative Care & Seniors</p> <p>Approved by: Regional Lead - Community & Continuing Care</p>	<p>Reference Number: CLI.5910.PL.010</p> <p>Program Area: Palliative Care</p> <p>Policy Section: General</p>
<p>Issue Date: June 6, 2021</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Palliative Care Social Work Referral</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Palliative Care Social Work Referral

PURPOSE:

This policy describes the process to access the Southern Health-Santé Sud Palliative Care Program’s Social Work services, the criteria for eligibility and services provided.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients

POLICY:

Palliative Care Social Work services are available to clients registered to the Palliative Care Program and their support network for consultation and/or ongoing support during end of life and bereavement. A consult for palliative care Social Work services may be sent at any stage in a life-limiting illness trajectory.

Social Work services provide clients and their support network with practical and psychosocial considerations and support surrounding end of life. Care and service provision focus on:

- Access to financial resources
- Bereavement support
- Psychological support
- Social support
- Access to other resources

DEFINITIONS:

Financial Resources: Government financial assistance programs such as the Family Caregiver Benefit, the Compassionate Caregiver Benefit, the Canada Pension Plan Terminal Illness Benefit, etc.

Bereavement Support: Support provided for family members or significant other after the death of the client. Bereavement support can also start before death to help family members or significant other prepare for the impending death of the client.

Psychological Support: Support for the client, family and significant others regarding the multitude of decisions, changes, difficult conversations, as well as personal and familial challenges associated to end of life. This includes exploring the impact of life-limiting illness on one's emotional and psychological well-being, functioning and ability to cope.

Social Support: Supporting client and their significant others in communicating with their social network (family, friends, colleagues, etc.) about illness and end-of-life, as well as supporting them in accessing the informal supports available through these social networks.

Type of Referral:

- Urgent – within two weeks
- Non Urgent – two to three weeks
- Consult – indicate if consult is urgent or non-urgent

Palliative Care: World Health Organization, 2014 definition: Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

IMPORTANT POINTS TO CONSIDER:

- The goal of Social Work services is to provide clients and their support network with practical and psychosocial considerations and support surrounding end of life.
Care and service provision focus on:
 - Access to financial resources
 - Bereavement support
 - Psychological support
 - Social support
 - Access to other resources.
- The person being referred and/or their family/significant other should be aware of the consult or referral.
- The Palliative Care Social Workers work in collaboration with interdisciplinary care teams.

PROCEDURE:

1. Health Care Provider completes the Palliative Care Social Work Referral Form (CLI.5910.PL.010.FORM.01) and forwards to the Palliative Care program. A Palliative Care referral must accompany the Palliative Care Social Work Referral Form (CLI.5910.PL.010.FORM.01) if patient not registered to Palliative Care.
Ensure all fields on the referral are completed.
2. Palliative Care Team reviews the referral for completeness. If information is missing or is unclear, the program contacts the sender and/or the Health Care Provider for additional information.
3. If patient is unaware of referral to Social Work services, the Palliative Care Social Worker contacts the referral source prior to contacting the patient to gain further context and information.
4. Palliative Care Social Worker contacts the patient, family member or significant other to determine service needs based on urgency of referral:
 - Urgent – within two weeks.
 - Non-Urgent – within two to three weeks.
 - Consult – indicate if consult is urgent or non-urgent.
5. Palliative Care Social Worker updates patient's electronic health record to reflect the Palliative Care Social Worker assigned.

SUPPORTING DOCUMENTS:

[CLI.5910.PL.010.FORM.01](#) Palliative Care Social Work Referral Form

REFERENCES:

CLI.5910.PL.002.FORM.01 Palliative Care Referral