



## **Coordinated Bed Access – Residential Hospice & In-Patient Palliative Care Beds**

We are pleased to announce the implementation of a single point of coordinated access for Residential Hospice & In-Patient Complex Continuing Care (Pain & Symptom Management and End of Life Care Beds) will go live on **December 5, 2016!**

Waterloo Wellington Community Care Access Centre (WWCCAC), local hospitals and residential hospices, with feedback from other community care providers and physicians, have collaboratively designed a Coordinated Bed Access (CBA) process for all palliative and end of life care bed types in Waterloo Wellington.

### **Guiding Principles in the Design:**

#### **Access to a palliative /end of life care bed when and where it is needed to enable:**

- Death in preferred place (including location and bed type) – patient choice is respected
- High quality palliative and end of life care and patient/caregiver experience
- Timely and equitable access to palliative/end of life care beds (including evenings and weekends)

#### **Real-time data about the availability of regional palliative/end of life care resources to support:**

- Patients to access the care they need
- Improved understanding of service availability and optimize use of regional resources
- Improved understanding of service utilization for capacity planning

### **Key Information for Health Care Providers Who Refer Patients to Palliative/End of Life Care and Pain & Symptom Management Beds**

- The Palliative Care Hospice and In-Patient Referral form has been updated. Referrals for all palliative care/end of life/pain & symptom management bed types are to be faxed to centralized intake at WWCCAC 519-742-0635.
- A Palliative/End of Life Resources and Services Matrix has been developed to assist referral sources in identifying the appropriate palliative care site for patient based on patient's needs, goals and availability of resources and services at each site.

- Patients are prioritized for access to palliative care/end of life care beds based on patient need.
- A Change in Status Update /Program Transfer Requests Form has been developed. Please complete when a patient's condition changes from what is stated on the original referral form and/or when a patient requires a different program from what was identified on the original referral form.
- At time of matching a patient to an available bed, a confirmation of medical & program readiness is required. It is the responsibility of the sending and receiving sites to ensure the patient is medically stable and safe to be transferred to the palliative care/end of life care/pain & symptom management site.
- The Residential Hospice / In-Patient Complex Continuing Care organization will contact the patient/caregiver when a bed becomes available and will support the family or sending site (e.g. hospital) in arranging transportation.

Education sessions are being arranged for community and hospital palliative care/end of life care providers.

Additional information (Process Map, Palliative/End of Life Resources and Services Matrix, Prioritization Framework) and forms (Referral Form, Change in Status Update/Program Transfer Request Form) can be found at <http://healthcareathome.ca/ww/en/Partners/coordinate-bed-access/Palliative-End-of-Life-and-Pain-Symptom-Management>

If you have any questions, need additional information, or if you would like to provide feedback, please contact:

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