



COMMUNITY HOSPICE BED* (CHB) REFERRAL
Palliative Care and End of Life Services

Patient Name (last) _____
 (first) _____
 DOB (dd/mmm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

Patient Information			
Name _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Date of Birth (dd/mmm/yyyy) _____	PHN _____		
Address _____			
Home Phone _____	Work Phone _____	Cell _____	

Purpose of CHB admission: Palliative Respite Symptom Management Chosen location of death

Details of MRP coverage during CHB admission

Name of MRP who will follow individual:	Phone			
Name of MRP following after hours (if different):	Phone			
Required documentation for admission: <input type="checkbox"/> Signed MOST (Medical Order Scope of Treatment) # 829641 <input type="checkbox"/> Signed BC Palliative Care Benefits form (if not already in place) <input type="checkbox"/> Palliative Orders for care management (e.g. # 829571)				
Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name/Signature	Initials	Designation / College ID #

Eligibility Criteria for IH CHB Access:

- Individual is a minimum age of 19 years**. Eligible for Home Health services and registered with BC Palliative Care Benefits.
- Diagnosed with a life-limiting (malignant or non-malignant) illness where death is reasonably foreseeable within 6 months.
- Individual/substitute decision maker understands the nature of the life-limiting illness and consents to the purpose of CHB admission. A MOST with an M level designation is completed.
- A Most Responsible Practitioner (MRP) who will collaborate with the care team, and a Home Health clinician who will confirm registration to Home and Community Care and organize access.
- Pre-admission screening to ensure that the complexity and stability of palliative needs can be met by the chosen CHB unit.

Please Note:

The Supportive and Palliative Care Indicators Tool ([SPICIT](#)) is the recommended best practice tool for prognostication in the palliative population.

Each individual's care will be regularly reviewed by the MRP while staying in a CHB, in consultation with the Home Health care team.

If an individual's condition appears to stabilize and/or it appears that their stay may exceed 3 months, discharge planning should commence.

Permanent part of the health record

* **Community Hospice Beds** are adult, short-stay palliative beds (**up to 3 months**) located in a variety of settings that may include free standing hospices or designated long-term care settings. (BC definition of "hospice space", July 2014); MOH HCC policy manual 6A.3, 6B.1.

** Refer to MOH HCC Policy Manual, chapter 2 Client Access, section B Eligibility.