

Support Information for External Referral Form June 2019

PalCare - online palliative care clinical record

PalCare is a secure web-based client/patient management application, thus can be accessed anytime, anywhere there is internet access.


PalCare uses a thin client SaaS (Software as a Service) model, being securely hosted in the cloud.

Referrals can be made from within the system by users or via the Ipswich Hospice Care website

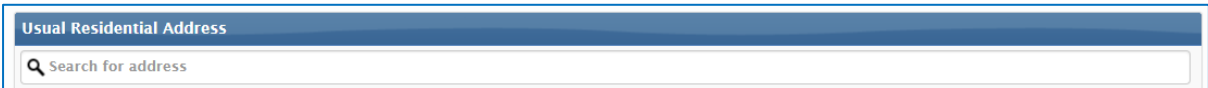
- <https://www.ipswichhospice.org.au/> and then
- Referral tab.

This will load IHC's Referral form

PalCare conventions

1. Click  for more information or the source documentation (e.g. for specific assessments)
2. A red asterisk (*) indicates a mandatory field.

Address search fields on the referral form and throughout PalCare – searches Google Maps:



REFERRALS

A referral must be created for all clients/patients. By creating a referral, all the client/patient, carer and referrer information is captured in PalCare.

Creating a New Referral

1. There are seven (7) tabs on the referral form – **Client/Patient Details, Diagnosis, Referrer Information, Primary Healthcare provider, Specialist, Primary Carer and Documentation**



2. Mandatory fields such as client/patient name, address and phone number must be filled in. Other fields may be left blank to be completed later, once the information is known.
3. Move through each of the screens/tabs from left to right and document as much information as possible.
4. Click **Submit Referral** at the end of the Documentation page. This sends the referral to the staff at IHC.
5. When a new external referral has been submitted, an automatic email is sent to staff at IHC. This is to ensure that all relevant staff are aware of the new referral and can action it as appropriate.
6. IHC staff will contact the referrer to discuss the referral.

Client/Patient Details

The primary function of this screen is to collect demographic information:

Patients Details	History & Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
IHI:	<input type="text"/>					
Title:	<input type="text"/>					
Family Name: *	<input type="text"/>					
First Name: *	<input type="text"/>					
Second Name:	<input type="text"/>					
Third Name:	<input type="text"/>					
Preferred Name:	<input type="text"/>					
DOB: *	<input type="text"/>					
	<input type="checkbox"/> Estimated?					
Usual Residential Address						
<input type="text" value="Search for address"/>						
Accommodation Status: *	<input type="text"/>					
Address: *	<input type="text"/>					
Suburb: *	<input type="text"/>					
State:	<input type="text" value="Queensland"/>					
Post Code:	<input type="text"/>					
Map Ref:	<input type="text"/>					

Postal Address		Same as above
<input type="text" value="Search for address"/>		
Address:	<input type="text"/>	
Suburb:	<input type="text"/>	
State:	Queensland ▼	
Post Code:	<input type="text"/>	

Contact	
Primary Phone: *	<input type="text"/>
Work Phone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

Other	
Indigenous Status:	Please Select ▼
Gender:	▼
Country of Birth:	<input type="text"/>
Ethnic List:	Please enter a Ethnicity
Marital Status:	Please Select ▼
Specific Cultural Needs:	<input type="text"/>
Language Spoken:	<input type="text"/>
Communication Method:	Please Select ▼
Interpreter/Translator Required:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Stated / Inadequately Described

Insurance Status:	Please Select ▼
Insurer:	N/A ▼
Insurance Card Number:	<input type="text"/>
Insurance Description:	<input type="text"/>
Pension Type & Number:	<input type="text"/>
Medicare Number:	<input type="text"/>
Dept/Veterans' Affairs Number:	<input type="text"/>

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HANDY HINT:

The IHI (Individual Health Identifier) is a number that is assigned to everyone enrolled in Medicare or who hold a Department of Veterans' Affairs treatment card, and others who seek healthcare in Australia. It is not a mandatory entry, however should be entered if known.

History and Diagnosis

This is where information about the client/patient's diagnosis, reason for referral, diagnosis and other information is recorded, as well as an indication of the urgency of the referral.

There is space for free text in selected fields, so that more detailed information can be recorded if known. The information entered here is then verified by the clinician who is admitting the client/patient to the service.

Patients Details	History & Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
Reason For Referral: *		<input type="checkbox"/> Symptom Management <input type="checkbox"/> Respite Care <input type="checkbox"/> Counselling <input type="checkbox"/> End Stage Care				
Reason For Referral - Details: *		<div style="border: 1px solid #ccc; padding: 5px;"> Rectangular Snip </div>				
Date of Diagnosis:	<input type="text"/>				<input type="checkbox"/> Estimated?	
Primary Diagnosis: *	<input type="text" value="Please Select"/>					
Specific Diagnosis: *	<input type="text" value="Please Select..."/>					
Other Diagnosis / Medical Conditions: *	<div style="border: 1px solid #ccc; height: 40px;"></div>					
Allergies:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unidentified					
Relevant Social History: *	<div style="border: 1px solid #ccc; height: 40px;"></div>					
Is Advance Care Plan:	<input type="radio"/> In Place <input type="radio"/> Discussed <input type="radio"/> Not Discussed <input checked="" type="radio"/> Unknown					
Patient Aware of Referral: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Patient Aware of Diagnosis: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
Insight into Prognosis:	<input type="radio"/> None <input type="radio"/> Realistic Insight <input type="radio"/> Some Insight					
Hospital admission planned discharge date:	<input type="text"/>					
<input type="button" value="« Prev Page"/>		<input type="button" value="Next Page »"/>				

Referrer Information

This is where information about the referrer is recorded.

The Referral Agency and Referral Hospital fields have dropdown lists of local agencies and hospitals, in alphabetical order. The user can click on the appropriate item, rather than typing in the name of the agency or hospital. This is a time-saver and reduces the likelihood of typing errors.

Patients Details	History & Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
Referrer Name: *						
<input type="text"/>						
Referrer Source: *						
Please Select <input type="button" value="v"/>						
Referrer Agency:						
<input type="text"/>						
Referrer Hospital:						
<input type="text"/>						
Department:						
<input type="text"/>						
Phone: *						
<input type="text"/>						
Fax:						
<input type="text"/>						
Email:						
<input type="text"/>						
This Referral Entered By: *						
<input type="text"/>						
<input type="button" value="« Prev Page"/>			<input type="button" value="Next Page »"/>			

Primary Healthcare Provider

This is where details about the client/patient's GP are recorded. By typing the first few letters of a GP's name into the search box, the GP can be selected from the list that will appear. Relevant information such as the GP's address, phone number and availability will then auto populate the corresponding fields. These fields can be edited if required.

If the GP is willing to participate in multidisciplinary care plans and case conferences, this can be indicated by ticking the box at the bottom of the screen:

Patients Details
History & Dx
Referrer Info.
Primary Healthcare Provider
Specialist
Primary Carer
Documentation

Title:

Please Select

Surname:

Given Name:

Rectangular Snip

Availability:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Visits			After Hour Contacts			
<input type="checkbox"/>						<input type="checkbox"/>

After Hours Contact:

Mobile:

Email:

Clinic Name:

Address:

Suburb:

State:

Please Select

Post Code:

Phone:

Fax:

I am willing to participate in multi disciplinary care plans and case conferences:
 No
 Yes

Specialist

This screen has the same search functionality as the GP screen but is used to document the client/patient's specialist, if they have one.

Primary Carer

This is where information about the primary carer is recorded.

Patients Details	History & Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
Primary Carer Available: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown						
Relationship to the Patient : <input type="text"/>						
Title: <input type="text" value="Please Select"/>						
Surname: <input type="text"/>						
Given Name: <input type="text"/>						
Address Same as Patient Address						
<input type="text" value="Search for address"/>						
Address1: <input type="text"/>						
Address2: <input type="text"/>						
Suburb: <input type="text"/>						
State: <input type="text" value="Please Select"/>						
Post Code: <input type="text"/>						
Contact						
Work Phone: <input type="text"/>						
Home Phone: <input type="text"/>						
Mobile: <input type="text"/>						
Email: <input type="text"/>						
<input type="button" value="« Prev Page"/>					<input type="button" value="Next Page »"/>	

Documentation

Any relevant documents can be uploaded on this screen. Please press **Submit Referral** when you have completed the information

Patients Details	History & Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation								
Ipswich Hospice Care Referral for Specialist Palliative Care & Hospice Services Phone: (07) 3812 0063 Fax: (07) 3812 0232														
File Uploads Upload Document(s)														
<table border="1"> <thead> <tr> <th>File Name</th> <th>File Size</th> <th>Type</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td colspan="4"> <input type="button" value="« Prev Page"/> <input type="button" value="Submit Referral"/> </td> </tr> </tbody> </table>							File Name	File Size	Type	Status	<input type="button" value="« Prev Page"/> <input type="button" value="Submit Referral"/>			
File Name	File Size	Type	Status											
<input type="button" value="« Prev Page"/> <input type="button" value="Submit Referral"/>														

Any questions or issues contact IHC on 3812 0063. Please press for administration during business hours and the nursing team out of hours. We have developed a PalCare support email – palcare@ipswichhospice.org.au Please use this email if you have any problems or identify any bugs. This email will be monitored during business hours.