



Timmins Hospice Centre



Admission and Exclusion Criteria

Admission Criteria:

1. Person is over the age of 18.
2. Person is living with a life threatening progressive or terminal illness with a pre-determined prognosis and life expectancy.
3. Person is assessed as having a Palliative Performance Scale (PPS) Score of 30% or less.
4. Person understands that resuscitation and other life sustaining treatments will not be offered as they are deemed to be of no benefit to the person in the end of life phase. Person will have a signed DNR order at time of referral to the Hospice Center and end of life goals have been clarified with patient/SDM/POA
5. Person must reside or have family that resides in the Timmins area.
6. Person has care needs that cannot be managed in their home or do not wish a home death
7. Person has consented to hospice care, treatment and admission.
8. Person has an expected life expectancy of 3 weeks or less.
9. Person has been assessed by a physician or nurse practitioner within the last 24-48 hours.
10. Person must have a valid Ontario Health Card.

Exclusion Criteria

1. Persons under the age of 18.
2. Wandering, unsafe, violent or aggressive behavior
3. The desire to continue active/curative treatment
4. Lack of a DNR order
5. Requirement for airborne isolation.



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Timmins Hospice Centre Referral Form

Date: _____

* All fields to be completed*

Name: _____

Home Address: _____
Number Street City Postal Code

Telephone: _____ Clients Present Location: _____

Date of Birth: _____ Gender: Male ☐ Female ☐ Allergies: _____
(dd/mm/yy)

DNR Order: Yes ☐ DNR Number: _____

Family Physician /MRP: _____ Phone: _____ Fax: _____

Specialist: _____ Phone: _____ Fax: _____

Health Card Number: _____ Version Code: _____

Pharmacy: _____ Phone: _____

Briefly describe situation and any active symptoms requiring management (nausea, pain etc.): _____

Palliative Performance Scale (PPS) Score: _____ (must be 30% or less to be eligible)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death				

Referring Physician/Primary Care Provider: _____ Contact Phone: _____ (to notify of acceptance and date of admission)

The Hospice Centre physicians are: Dr. Schwertfeger and Dr. Hopkins. If you wish to be MRP or collaborative physician, please indicate with a check and discuss with one of the above physicians: ☐ MRP ☐ Collaborative

Eligibility for Hospice Service Approved by: _____ Date: _____

Contact for admission Notified by: _____ Date: _____

Please fax completed referral to: Lia Fontana 705-360-6679