

# Timiskaming Hospice Palliative Care

Charitable Number 107572042 RR 0001



□ 145 Government Road East, Kirkland Lake, ON P2N 3P4  
Kirkland Lake & Englehart Tel: (705) 568-2135 Temiskaming Shores: Tel: (705) 679-4261  
Or Fax: 705-568-2160 (District Intake)

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## REFERRAL PROCESS

- Referrals are to be sent to the central fax number 705-568-2160 or be directly received *by the Volunteer Coordinator or Client Visiting Volunteer Team Lead*.
- ◆ Office hours:
  - ◆ Main office KL Monday – Thursday 8:30 to 16:30 hours is the usually coverage
  - ◆ **Volunteer Coordinators – work flexible hours – 12 hrs / week**
- ◆ To refer a client/family for supportive care services please complete and fax a client referral form, including the PPS %; and an accompanying consent form.
- ◆ Referrals will be processed by the Coordinator / designate (Volunteer Team Lead) within 48 hours.
- ◆ Following the HPC approach to care services can and should be available to clients and families at an early time in the illness trajectory.
- ◆ This service is not an emergency service; we encourage early referrals so that clients and families can receive support from the coordinator or volunteer at an appropriate time. Priority will be given to clients at EOL. Volunteer visits are scheduled according to the availability of volunteers to meet the needs identified.
- ◆ Client/family and interdisciplinary team conferences will be attended as required.
- ◆ A plan of Care will be developed by the Coordinator / designate (Volunteer Team Lead) which will outline volunteer visits. Volunteer visits are scheduled according to the availability of volunteers to meet needs identified. The client / family and Nursing staff are informed of the name (s) of volunteers assigned.
- ◆ Follow-up by the Coordinator / designate (Volunteer Team Lead) with the client and referral agency is provided by phone or visits as required.
- ◆ Should you have any concerns please direct them to the Coordinator / designate (Volunteer Team Lead) &/or to the Program Coordinator (main office)
- ◆ Please notify the us when a client is transferred to another facility, or dies.
- ◆ The client referral form can be photocopied as required.