

## Common Referral Form (CRF) - Frequently Asked Questions

**Q: Why a Common Referral Form for palliative care?**

**A:** The tool is in the best interest of the patient/client  
It fosters quality communication among the multiple care providers involved with a client.  
It aims to make things easier for the client by preventing them having to repeat their story again and again.  
It provides a baseline of information to new providers becoming involved with a client.  
It facilitates multiple referrals with one form.

**Q: Does the CRF have to be completed by a physician?**

**A:** No. The information obtained for the form may be from the interdisciplinary team however, the referral source should ideally be one person.

Examples of referral sources who commonly complete the CRF: Nurse Practitioner or other APN, Nurse Coordinator, Discharge Coordinator/Planner, Social Worker, CCAC case manager, CCAC nursing providers (all should be trained), Hospice coordinators/case managers (hospice volunteers may also be familiar with ESAS and PPS in their discussions on client status to be communicated with their supervisors), and Physicians (eg. Family physicians).

**Q: What is the role of the Referral Source?**

**A:** The Referral Source has the responsibility of completing the palliative referral form and acts as the point of contact for the receiving palliative agencies. In collaboration with all health care team members for palliative care planning, the Referral Source may be required to have detailed discussions with the palliative individual/family in order to complete the referral form. **\*\*Note: It is NOT the responsibility of the palliative individual/family to complete the referral form\*\*.**

**Q: Can more than one person complete the form?**

**A:** Even though the form is laid out into sections, it would be best that one person take ownership in completing the form and obtaining the appropriate information. It has been found to be too confusing on who completes which section if it is “pulled apart”. The most efficient, time-saving method would be to have all info available and accessible to the referral source via patient rounds, team rounds, etc.

**Q: Does the physician have to sign the form also?**

**A:** No. Only delegated acts in the CCAC orders will require signature by the prescriber (physician or RN EC). On the “Referring Physician” in the care team involvement section – it would be good information to have available the MD’s billing number.

- Q: Which form should be used in referring to CCAC for palliative care services?**
- A:** The CCAC will accept the CRF and the CCAC referral (pg 6) in replacement of the Medical Assessment and Referral form and Request for Service form regardless of referral source or referral location. However due to number of referral sources and the newness of the CRF, if the referring source is not aware of the CRF, the usual CCAC process and forms will still be accepted for request for palliative CCAC services as well.
- Q: Will the client receive services if the Common Referral Form is not used or completed?**
- A:** The receiving agency should strongly encourage that the CRF be completed in order to provide timely services for the palliative client and family. All fields/sections in the form should be completed if the information is available. The use of the CRF to share information and using common language is vital in timely communication of the palliative client's needs.
- Q: Are all sections in the Common Referral Form mandatory?**
- A:** Completion of information in all sections of the CRF assists palliative services to initiate care and palliative support for the patient and family. *Types of Services Requested* on Page 2 of the CRF have been identified by the Referral Source as an integral part of the care team that would benefit the patient and family. Once referred, the assessment (or initial assessment and communication) by these services is mandatory.
- Q: Does it have to be completed in addition to the RAI tool?**
- A:** The CRF does not replace the RAI tool. The RAI instrument is not for sharing clinical information about a patient between the members of the care team. Its purpose is to assess CCAC clients expected to be on service for over 6 months. The RAI data is reported to the MOHTLC. CCACs are using either the RAI HC or the RAI PC instrument.
- Q: Why do you need to know who communicated the prognosis to the patient?**
- A:** To facilitate follow-up if it becomes clear that the patient had additional related questions or did not understand the discussion.
- Q: Why is the form needed when referring to services where a client can self-refer?**
- A:** The purpose of the form is to make things easier for the patient and family by removing the onus from them to repeat their story from the beginning with each new team member that becomes involved in their care team. It also ensures that better quality care planning can take place.

**Q: Will CCAC accept the form?**

**A:** The Toronto Central CCAC, Central East CCAC, Central CCAC and Mississauga Halton CCAC have confirmed that they will accept the form for their referral.

**Q: Can I put my own agency's logo at the top?**

**A:** The form was created with a generic format to allow for individual Hospice/Palliative Care Network logos to be added at the top. To support the recognition of the form, it is preferable that only Network logos be used. If an organization must insert its own logo, it may do so by requesting a word version of the form from one of the palliative care Networks. To ensure that the benefits of a common referral form are not lost, the form must not be changed and organizations that request a word version of the form will be asked to commit to not changing the form.

**Q: Why the additional note/update page (Page 7 update)?**

**A:** The experience of the Toronto community was that it would be helpful to be able to add a page with new information if the form was previously completed for a referral and the completion of a whole new form was not needed. It also accommodates situations where some additional information should be shared but does not fit into the structure of the common referral form.

**Q: Can I not just use my own form?**

**A:** The purpose of this form is to support the use of common language in communication between service providers and to ensure that all of the relevant information is shared. If your organization identifies that the form is missing some information, please provide that information to your local palliative/hospice Network for follow-up. The working group will reconvene in six months to reevaluate the form and assess the need for changes to the form or processes.