

Poi Regional Flavour FAQ's

Question	Response
<p>1. Provider (i.e. GP Lead or Residential Care lead) wants to know what the point of a Palliative Pathway Activation (PPA) is for if it doesn't lead to care from Hospice.</p>	<ul style="list-style-type: none"> • The concept of the PPA is to identify patients with a palliative need well before they develop specialist palliative care needs (SPC). • The key point of a Palliative Pathway Activation (PPA) is to improve early identification and support in a usual care environment. • A PPA does not preclude SPC referral later in the patient's trajectory.
<p>2. Provider wants to know what services they can access after completing a PPA.</p>	<ul style="list-style-type: none"> • A Proactive Advisory Service (PAS) response will be sent to the Provider following a PPA. This will include the option of further education and support regarding palliative care. • The PAS will support the Provider to access community and health services. This may include any supportive services a Hospice may offer to patients and families.
<p>3. How do I know if a patient requires a PPA?</p>	<ul style="list-style-type: none"> • The Poi Team will provide support and education regarding identification of palliative patients. This will include the use of a range of evidence based tools – SPICT, Australian Karnofsky Performance Status (AKPS), Phase of Illness and Auckland Health Pathway for Palliative Care. • The PPA form has links to these.
<p>4. How will I know when to complete a PPA or a referral to Hospice – what is the difference?</p>	<ul style="list-style-type: none"> • A PPA is to support the early identification of any adult patient requiring a palliative approach to ensure that both they and their family/carers have the support they require. • The Poi Team can provide assistance for GP's/RC's to access and understand the criteria for referral to SPC services.
<p>5. Why can't the Poi Team just assess the patient in the aged care setting?</p>	<ul style="list-style-type: none"> • The overarching aim of Poi is to build capacity, capability and confidence of GP and Residential Care providers in the identification and management of palliative need. • The Poi Team is not a direct patient service delivery team, but a resource team providing support to primary palliative care providers.
<p>6. What is the difference in all the funding streams – Palliative care funding, PPA, 28 day carer support?</p>	<ul style="list-style-type: none"> • Palliative care funding is a funding stream from the DHB directly to the PHO's. This is to support the primary delivery of direct patient palliative care by GP's. It is a different process between different DHB's and there is no singular defined process. • PPA is the Poi Regional initiative by the Hospices of Auckland, funded by the MoH to support adults requiring a palliative approach, and help facilitate access to a range of services. • 28 day carer support is Ministry of Health (MoH) funding available to all patients with a need for respite care. The carer applies for the support subsidy and it is not dependent or contingent on other service provision.

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7. Can the Poi Team refer my patient to Hospice?	<ul style="list-style-type: none"> Yes, the Poi Team member can support PPA's that indicate a SPC referral is required.
8. Can the Link Nurses complete the PPA?	<ul style="list-style-type: none"> Yes. A Link Nurse that has completed the Link Nurse programme can complete a PPA.
9. If a GP at an RC completes the PPA who receives the funding – the GP or the RC?	<ul style="list-style-type: none"> This would be a matter for the facility and the GP to clarify as it is dependent on the employment agreement they have entered into.
10. Is Poi a new electronic referral method to Hospice?	<ul style="list-style-type: none"> No, the PPA is not a replacement for a referral to Hospice. Hospice referrals for SPC remain as is. PPAs support GPs, PN's and Res care providers to identify early palliative need for patients and their families.
11. I should only complete a PPA for patients who are about to die in the next 48 hours? Does this replace what used to be the Liverpool Care Plan (LCP)?	<ul style="list-style-type: none"> No, the PPA is intended as a tool for early identification of patients requiring a palliative approach, ideally for patients with a life expectancy of less than 6 months. The best practice tools for identifying palliative needs are the SPICT tool, the AKPS and "Phase of Illness" tools.
12. Who arranges the follow-up call from the Proactive Advisory Service?	<ul style="list-style-type: none"> The Poi Team attached to the local hospice will make contact the week. This is triggered by electronic submission of the PPA.
13. Won't all patients in the RC qualify for the PPA funding anyway, why not refer them all?	<ul style="list-style-type: none"> Whilst many RC patients are likely to qualify for PPA referral, the Provider needs to follow the guidance of the PPA tools in order to determine whether a PPA is appropriate. Each PPA requires a GP/RC to meet with the patient and their family and to follow the guidance of the PPA tools and thereby identify a plan that best supports that patient and their family. The PPA process is a relational process aimed at identifying patients requiring a palliative approach so that appropriate supports can be provided to ensure patients, their families and carers are well supported and prepared for end of life care. This maximises quality of life, dignity and comfort.
14. Once a patient has completed a PPA, will the Poi team will come into our RC and provide the direct, hands-on end of life care?	<ul style="list-style-type: none"> No. The Poi programme is not a direct patient focused delivery service. The Poi team will come into the Res Care facility to support RC staff through capability development to manage all direct patient (and patients families) care for end of life clinical presentations and trajectories.