FREQUENTLY ASKED QUESTIONS FOR COMMUNITY OR RESIDENTIAL CARE PATIENTS

When Hospice Waikato is involved with a patient's care, who is the lead/main health provider?
The GP remains the patient's lead health provider. If the patient does not have a GP all attempts are made to support the patient to acquire a GP as this is important for ongoing patient care.

If a patient is moved to a residential care facility and is known to the Hospice Waikato service, who is the lead health provider/carer?
The patient's GP remains the primary clinician for patient care. Some residential facilities use a GP service instead of individual GPs (such as Residential Eldercare Services Ltd) who take the lead. If there is an issue with a patient's care, if they are in distress, or if medications need to be reviewed the facility staff will call the GP.

So, what happens if the GP is unavailable or uncontactable?
If GPs are on holiday, they will have a backup plan of who to call that is shared with the facility. Some facilities have other processes they use such as Anglesea Clinic or virtual nursing and medical services.

Will the Hospice Waikato Palliative Care Specialists take over for the GP if the GP is absent?
No. The Hospice Waikato Palliative Care Specialists are similar to a specialist cardiologist or gastroenterologist. They have a different scope of practice and skill set so will not take over for a GP who isn't able to be contacted. Hospice Waikato Palliative Care Specialists work with GPs to guide and advise them in palliative care medical practice, as required.

Who can contact Hospice Waikato Palliative Care Specialists for advice?
Hospice Waikato Palliative Care Specialists are available 24/7 to provide advice and support to GPs, other medical staff, Hospice Waikato staff and health professionals, such as District Nurses. If a Registered Nurse from the community or a residential care facility calls, they are usually directed back to the patient's GP.

Do Hospice Waikato Palliative Care Specialists give verbal medication orders over the phone for non-Hospice community or residential care registered nurses to follow?
No. Legally a doctor should not prescribe medication to a patient who they do not know. Hospice Waikato Palliative Care Specialists may change medications for patients who are admitted to the Hospice Waikato Inpatient unit. If the patient is in the community, medication changes are done by the GP.

What services does Hospice Waikato provide for community organisations or aged care facilities?
Hospice Waikato has experienced Clinical Nurse Specialists who work with staff in residential care facilities and community organisations to provide care coordination, education, and support to enhance care for patients. They also visit patients known to Hospice who are living in residential facilities (aged care and disability), and complete specialist assessments so that the patient receives appropriate care and treatment. Clinical Nurse Specialists often liaise between Hospice Waikato Palliative Care Specialists and General Practitioners to ensure actions result in the best responsive patient care.

Can community organisations or residential care facilities call the Clinical Nurse Specialists after hours?
Hospice Waikato Clinical Nurse Specialists make planned visits to over 100 health facilities around the Waikato. They do not provide urgent care or an after-hours service (the hours of work are Monday to Friday daytime). The Clinical Nurse Specialists continually reprioritise their workloads to accommodate needs wherever possible. Clinical Nurse Specialists have advanced knowledge and skills in Palliative Care and work with other health professionals to support best practice and achieve best patient outcomes, including coordinating comprehensive care plans alongside facility colleagues.

If I ring Hospice after business hours, who will I speak to?
Phone calls go directly through to the In-Patient Unit where knowledgeable and experienced nursing staff are able to help patients with reassurance, give advice about medications, support problem solving about issues with pumps and equipment, make a phone assessment, and provide advice about care. This advice may involve contacting the rostered on-call nurse, contacting the on-call Specialist Palliative Care doctor, or in urgent cases suggesting an ambulance is called to take the patient to hospital. In-Patient nurses are not able to home visit, prescribe, admit patients to the In-Patient unit, or provide emergency care.

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