

# IRISH HOSPICE FOUNDATION NIGHT NURSING SERVICE

## BACKGROUND

Since 2006 the Irish Hospice Foundation has commenced a project whereby people who are dying at home and have a non-malignant condition can access a night nursing service. This nursing service is provided by the Irish Cancer Society's pool of nurses. (It is anticipated that the project will run until end of 2008).

## WHAT IS THE SERVICE

This service responds to the nursing needs of people who are in the terminal phase of their illness, have a condition other than cancer and are being cared for at home. The project is also seeking to identify the demand for night nursing for this client group and ultimately encourage local providers to include this need in their service plans.

## WHAT IS THE REFERRAL PROCESS

- An application form for the service is attached to this information sheet.
- Applications must be signed by a member of the specialist palliative care homecare team who has assessed the need for the terminal care provision for this person.
- Initial enquires may be made by telephone, but the application form must be sent by fax or email to Emer Connolly, The Irish Hospice Foundation.
- Applications will be dealt with as quickly as possible. Approval - or otherwise - will be communicated by the IHF to both the applicant (by telephone) and the ICS (by email). The applicant may then proceed to contact the ICS to arrange for the service to be initiated.
- The IHF will inform the person's GP as well as the Director or Assistant Director of Nursing in the person's area when the service has been approved.
- Requests for extensions to the service must be made in writing to the IHF stating the nature of the request.

## HOW LONG DOES IT LAST FOR

- This service can be initially approved and funded by the IHF for 10 nights.
- An extension for a further 4 nights can be given *in exceptional circumstances*. 14 nights is the maximum for which IHF funding will be granted.
- If, however, the palliative care professional can source alternative funding (e.g. through the HSE locally), the ICS will provide a further 14 nights' nursing provided resources are available. The ICS will not be in a position to facilitate the service after this point.
- If it becomes apparent that the service will be required on a long term basis, this information must be communicated to the Irish Hospice Foundation.

## WHEN CAN IT START

The service is subject to the Irish Cancer Society obtaining a nurse in the locality of the person being referred.

## CRITERIA

The service will be approved if the following criteria are met:

- ✓ Referral made by palliative care professional
- ✓ Referral made on official application form
- ✓ Person being referred is in terminal phase of their illness
- ✓ Person being referred has a non malignant condition
- ✓ Person has not already received maximum amount of nights from IHF.
- ✓ Evidence that other funds have been sought for this service

*The Irish Hospice Foundation understands that this service needs to be flexible in order to meet the often unpredictable trajectory of illness amongst people in the terminal phase of their illness, and may review decisions that have been made, bearing this in mind.*

# The Irish Hospice Foundation - Night Nursing Service Referral Form

**PLEASE COMPLETE USING BLOCK CAPITALS**

**Patient's name/address:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Diagnosis** \_\_\_\_\_

**GP's name/address/tel.no:** \_\_\_\_\_

**Main reason for referral** (*tick*): Respite for family:  Nursing tasks  Other  (*please elaborate*):

**Nature of nursing duties required:** \_\_\_\_\_

**What efforts have been made to source this service from local providers?**

**Additional/relevant information:**

Does the client live alone? Yes  No  Will there be someone in the house when the nurse is present, and if so, relationship to client? \_\_\_\_\_

Estimated prognosis \_\_\_\_\_ Anticipated no. nights' nursing required \_\_\_\_\_

Any special factors to be taken into consideration?:

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

*Specialist Palliative Care Team/Unit* \_\_\_\_\_

*Address* \_\_\_\_\_

*Tel. (include mobile no. if appropriate):* \_\_\_\_\_

**COMPLETED FORM TO BE POSTED, FAXED OR EMAILED TO:**

Emer Connolly, The Irish Hospice Foundation, 32 Nassau Street, Dublin.

Email: [emer.connolly@hospice-foundation.ie](mailto:emer.connolly@hospice-foundation.ie)

Fax: 01-6730040

**For further information, call: 01-6793188**