

1.0 Policy

This policy provides a system for the fair and accountable management of the application of the eligibility criteria and resources that are allocated based on assessed care support needs. Referrals are made to LauraLynn Palliative Care Services as outlined in the LauraLynn Hospice Model of Care. LauraLynn participates in partnership working by sharing information and assessments with other services to reduce replication and enhance the delivery of the appropriate and timely services for the children and their families.

2.0 Scope

2.1 This policy applies to all referrals to LauraLynn Ireland's Children's Hospice - Children's Palliative Care services.

3.0 Definitions

3.1 *Admission* refers to the enrolment of children who meet the eligibility criteria, for LauraLynn Children's Palliative Care Services

3.2 The *Clinical Care Forum (Previously known as the Child and Family Review Team)* is the decision-making body for all referrals.

Its membership includes:

- Consultant Paediatrician
- Assistant Director of Nursing
- CNM2 / CNM1
- Clinical Nurse Specialist(s)
- Family Support Team (Physiotherapist, Occupational Therapist, Music Therapist, Play Therapist, Family Support Coordinator, Psychologist, Bereavement coordinator).
- Referral Development Co-ordinator
- Staff nurses and HCAs are welcome to attend if work schedule allows.

4.0 Responsibilities

4.1 This policy is implemented through the Clinical Care Forum.

5.0 Eligibility Criteria

5.1 If a child meets the following criteria, then the child, their family and significant others (those who are perceived to be significant to the child and/or family) are eligible to avail of services.

5.2 LauraLynn offers care to families with children who:

- They are less than 18 years of age - young people referred at 16 years of age and over are considered individually depending on whether they are entering the final phase of their life and there are no alternative services available to match their choice of place of care.
- Have a life-limiting or life-threatening condition, with no reasonable hope of cure and from which they may/will die in childhood or early adulthood.
- Have a condition (or are diagnosed with a condition in the antenatal period) for which curative treatment may be feasible but can fail, such as children and young people with cancer.
- Have recognised palliative care needs, as assessed by Clinical Care Forum.

6.0 Decision Making Process

6.1 The Clinical Care Forum uses an interdisciplinary approach to reach all its decisions.

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- 6.2 The Clinical Care Forum will endeavour to use all available and relevant health care information pertaining to the individual child being referred, to ensure an informed and objective decision.
- 6.3 Referrals are accepted using the LauraLynn Children's Hospice Referral Form. Additional information regarding the child's health and medical history may be sought if further information regarding eligibility is required.
- 6.4 If the Clinical Care Forum deem it necessary, a home visit may be arranged to allow a member of the team to carry out an assessment to help identify if the child is eligible.
- 6.5 All decisions taken by the Clinical Care Forum are minuted in the minutes of the CCF meeting. Decisions will be shared with the family as soon as possible and the decision provided in writing to the family, the referrer, the primary paediatrician and/or G.P.

7.0 Appealing a decision

- 7.1 Families may appeal against a decision made by the Clinical Care Forum.
- 7.2 An appeal should be made in writing by the family or their nominated professional to LauraLynn ADON or Consultant Paediatrician stating the reason for the appeal.
- 7.3 This appeals procedure is separate to the LauraLynn complaints procedure and does not affect the rights of any service user to make a complaint.
- 7.4 Upon receipt of an appeal, the Clinical Care Forum will review the referral again, and will seek to access any additional clinical information to help determine whether the child has palliative care needs and to ensure as objective a decision as possible.
- 7.5 The decision made by the Clinical Care Forum will be final.

8.0 Source of Referrals

- 8.1 Referrals will be considered from any source with the permission of a person with parental responsibility for the child.
- 8.2 It is the responsibility of the referrer to inform the parents/guardians of the referral . They must inform the family that they have shared health related information with LauraLynn and that LauraLynn will make contact with the family. The Primary Paediatrician and/or G.P. should be informed of the referral; safe and effective palliative care requires multi-disciplinary and interagency communication.
- 8.3 Enquiries and referrals can be made directly to any member of the Hospice Care Team.
- 8.4 For all routine / non-urgent referrals, a referral form must be completed in full before the referral may be processed.
- 8.5 Referral form is available from www.lauralynn.ie/sites/default/files/2019-09/LauraLynn%20ReferralForm%202019.pdf
- 8.6 Further information about the referral process is available from [Referral Process | LauraLynn](#)

9.0 Timing of Referrals

- 9.1 Referrals can be made from point of diagnosis of a life-limiting condition, this could be ante-natally.

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- 9.2 All completed referral forms will be discussed at the weekly Clinical Care Forum.
- 9.3 If a child is referred for end of life care or has other urgent care needs and meets the eligibility criteria, then a CNM1 or 2/ CNS/ ADON/ Consultant Paediatrician/Service GP can agree immediate acceptance and care can commence as soon as required. The referral process should not delay care provided and can be completed retrospectively.
- 10.0 Holistic Needs Assessment (HNA)**
- 10.1 Once it has been agreed at the Clinical Care Forum that a child is eligible for the services a Holistic Needs Assessment (HNA) will be completed. This information is used to determine the level and combinations of supports provided. This is usually performed in the family home but may on occasion occur in hospital or during the first stay to LauraLynn House.
- 10.2 On completion of the HNA, the HNA is presented to the Clinical Care Forum, and a plan for the services to be offered to the child and family is developed. Services are offered based on needs identified via the Holistic needs assessment. Any identified psychosocial needs are presented at and discussed further at the weekly psychosocial meeting.
- 10.3 All services provided will be based upon the outcomes of the HNA and the Service's ability to provide such services in a safe and secure manner. Supports will be individualised to each child and family.
- 10.4 Not all families will receive all aspects of the service.
- 11.0 Review of existing services**
- 11.1 Children/ young people and their families will have their eligibility for service and care needs reviewed at least once a year or more frequently if a significant change occurs.
- 11.2 All children in receipt of services from LauraLynn will have a review of their needs annually. This will include review of their palliative care needs, their use of LauraLynn services over the preceding year with particular reference to the goals of care determined in the Holistic needs assessment.
- 12.0 Discharging from LauraLynn – Children's Palliative Care Services**
- 12.1 The decision to discharge the provision of LauraLynn services is the responsibility of the Clinical Care Forum and is outlined in the Discharge Policy 4.19

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