

IAH PHYSICIAN'S AGREEMENT



Admission Criteria For Ian Anderson House (IAH)

1. Applicant must be an adult and a resident of Halton or Peel.
2. Applicant must be diagnosed with terminal cancer.
3. Applicant must have a prognosis of three months or less and must not be receiving active treatment.
4. Applicant must be in need of palliative care, defined as providing supportive and comfort care measures. The applicant and/or family must be experiencing circumstances in which care needs can no longer be met in the home.
5. Active treatment (including hydration, chemotherapy, radiation, blood transfusions) for the purpose of prolonging life, is not in keeping with the palliative care philosophy and the policy of IAH. At IAH, IV fluids and IV medications are used only in exceptional circumstances for comfort care
6. The Applicant must have an IAH Physician's Referral and Consent Form signed by their Family Physician or Designate. Referral forms are available by fax, mail or directly from IAH.
7. Prior to admission, an IAH applicant must provide a complete and detailed list of current medications, medical problems and social history.
8. Each applicant, once approved by the admissions committee, is placed on the waiting list. The waiting list is reviewed and updated on a regular basis and prioritized according to greatest need.
9. Respite care is provided for a period of 2 weeks (depending on bed availability). The same admission criteria and application process are required.
10. Discharge from the IAH may occur if status changes to suggest improved prognosis, or if active treatment is prescribed and desired.

Release of Information

I, _____, agree to provide care to my patient _____, if they are admitted to IAH.

I am aware that this may require visits to IAH when the current clinical status warrants follow up. I will ensure the staff and/or family of my patient have access to:

- My pager # _____
- My 24 Hr answering service _____
- My ON CALL covering MD _____
- Other _____

OR...

I am unable to provide care to the above patient if they are admitted to IAH for the following reason: _____

Signature: _____ Date: _____