

Palliative Outreach Resource Team (PORT): Information and referral form for Health Care Providers

PORT provides support to patients nearing end of life who have complex needs due to mental health and/or substance use challenges, poverty, homelessness or other barriers to accessing palliative care services. PORT is a consulting and coordinating service consisting of a part-time physician, full-time nurse, full-time health outreach worker, and part time social worker with expertise in providing palliative care to these populations. The team is mobile and is based out of the Cool Aid Community Health Centre and Island Health Palliative and End of Life Program.

Some important information about PORT:

- PORT is not a “take over” service. Patients remain with their primary care providers as their most responsible provider/physician (MRP). The PORT physician and nurse provide medical consultation to the patient and MRP, and help coordinate access to existing services such as Island Health’s Community Health Services (formerly Home and Community Care), Victoria Hospice Society, and the BC Cancer Agency.
- PORT provides consultation for symptom management using a harm reduction and trauma-informed philosophy, including considerations for patients who may use illicit substances and/or have alcohol dependence. Patient safety is prioritized while recognizing the need to also provide pain and symptom management at end of life.
- PORT is not an emergency service. The physician and nurse are available during the week to provide consultation and care but not for emergency conditions. Patients should access the emergency room, 911 or other resources such as the Victoria Hospice’s Palliative Response Team (PRT) for urgent needs as appropriate.
- The PORT providers make home visits, including to all types of housing or to patients who are homeless at their chosen location (e.g. tent, car, shelter).

The PORT physician and nurse will work with you to ensure that palliative care is delivered in a collaborative fashion that builds on relationships between existing and future care providers and the patient. The degree of involvement will be determined by the patient, other health care providers and the PORT team with the goal of supporting patient comfort and dignity at end of life.

If you would like to discuss a possible referral to PORT please contact the PORT nurse coordinator at 250-580-3759 or PORT@viha.ca. If you would like to make a referral please fill out the referral form that can be found on page 2.



PORT is a partnership between Victoria Cool Aid Society & Island Health, supported by the UVic Equity in Palliative Approaches to Care (ePAC) collaborative. For more on PORT and related activities visit www.equityinpalliativecare.com/port

Palliative Outreach Resource Team (PORT)
Fax completed form to 250-755-6237 or e-mail to
PORT@viha.ca

For inquiries, call 250-580-3759 or e-mail
 Katie Leahy, PORT RN Coordinator, at
PORT@viha.ca

Please note: PORT is not an emergency service and we will aim to get in touch with you within a week's time. If you do not hear from us within a week, please call 250-580-3759.

Patient Information	
Name (Last, First):	
PHN or MRN:	Birthdate (dd/mm/yy):
Address/Current location:	
City:	Postal Code:
Phone #:	Alternative phone #:
Patient email:	
Primary Care Provider (if known):	

Referral date:	
Person making referral	
Name:	
Role:	Affiliation: (e.g. BCCA, Island Health)
Phone #: Fax #:	Email (optional):
Is patient or family aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:	
Current MOST: Uncertain <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> C0 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>	
Patient's stated goals of care (in known):	
Reason for referral to PORT & Palliative Diagnoses:	
Any Additional Information (please attach any collateral information if not available on power chart):	

For PORT administrative use only:

Date first contact _____ Consent REDCAP _____
 Date first service _____ Advice only _____