

Agreement for the Supportive Care Pathway

Our Lady's Hospice & Care Services (OLH&CS)

Anna Gaynor House, Harold's Cross, Dublin 6W



- I understand that (name) _____ has been referred for a Supportive Care Bed in OLH&CS.
- A member of the referring team has explained the Supportive Care Pathway to me, the patient, and/or an appropriate family member/representative.
- I understand the charge applicable for a Supportive Care bed is based on the weekly income of the referred patient, less approximately €49 per week and subject to a maximum weekly charge of approximately €180.
- After 16 weeks in a Supportive Care bed, if clinically appropriate, preparation will begin to transfer to the Nursing Home Support Scheme (NHSS/Fair Deal) pathway and I, the patient, and/or an appropriate family member/representative agree to actively engage in this process. Charges are agreed as per financial assessments under the Nursing Home Support Scheme (Fair Deal).
- I understand the Medical Social Worker (MSW) in Anna Gaynor House will support me, the patient, and/or the family member/representative to complete this application.

Patient/Patient representative Signature: _____

Patient/Patient representative printed name: _____

Date: _____

Team members name & role that has explained the Supportive Care Bed pathway

(PRINT NAME & Role)

Date: _____