Palliative care

NEW MODELS FOR BETTER ACCESS

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STUDY SUMMARY: Matching complexity of need with most appropriate provider


The speakers described an oncology program in their region that has been very successful in the early identification of patients with palliative care needs and referrals to an advanced practice nurse in palliative care and/or the palliative care clinic. Visit volumes in the clinic are among the highest of all the provincial cancer centres and, as a result, waiting times for palliative care services have increased. In response, a new model of care was proposed in April 2014 to use centre and community resources to match patient needs to the most appropriate providers. A sophisticated nurse-led referral and triage-navigation system was used to assess the complexity of patient needs, communicate and liaise with family physicians, and refer patients with more complex needs to cancer centre palliative care supports.

The presentation described lessons learned in the first year of implementation of the new model. Wait times were reduced to under 2 weeks, which is the provincial goal. There was tremendous uptake by primary health teams, and chart audits indicate that emergency room visits decreased substantially. The structures, processes and outcomes of the implementation were described, and a case example was provided to demonstrate the role of the nurse in facilitating quality palliative care services for patients and families.
COMMENTARY: Increasing resources focused on improving palliative care efforts across Canada have created new programs, where demand often outpaces available services.1 In this presentation by Kiteley and colleagues, a nurse-led palliative care referral, triage and patient navigation program, created to meet the demands of a growing palliative care community in Mississauga, Ontario, was presented. This program presents many advantages for users and may serve as a template for other nurse-led palliative care programs.

There is a growing body of literature suggesting that access to interprofessional palliative care programs ensures better quality of life and health-related outcomes for patients and their caregivers.2 However, the Canadian Hospice Palliative Care Association estimates that as few as 5% of Canadians receive integrated and interdisciplinary end-of-life care.1 Poor access to palliative care services creates a cascade of system-wide effects, putting pressure on other primary care services, which is particularly problematic when those providing care are not experienced in addressing palliative care needs. The problem of demand for services outpacing supply prompted the development of the nurse-led project at Trillium Health Partners presented at the CANO-ACIO conference.

In this project, a nurse-led team set out to cut waiting times for palliative care services from 8 weeks to the provincial benchmark of 2 weeks using a rapid-triage and service-matching approach. The initial goals of the project were: 1. to encourage early identification of patients with palliative care needs; 2. to connect patients with the most appropriate providers within a 2 week timeframe; and 3. to ensure smooth transitions in care. Secondary goals focused on enhancing the ability of the oncology team to initiate a palliative care approach and supporting primary care providers in the community.

Prior to the implementation of the program, all referrals were triaged by a physician who rated each case and determined its urgency based on a brief review of clinical information. Under the new program, the triage was conducted by the advanced practice nurse (APN), with the goal of matching patient complexity to the most appropriate and available provider, contacting the patient, their family and the family physician, and reviewing current access to services. This revised triage process focused on communicating with key partners and generating a holistic picture of the patient’s current clinical situation, their family support and the needs of their primary care providers.

After this initial assessment, patients were directed to the most appropriate provider. The highest percentage of patients were triaged to the palliative clinic, due to complexity or family physicians not being able to provide care. Some patients were triaged to community palliative teams, and some remained under the care of the oncologist, with the APN following them. For patients triaged to their family physician, there was also a pathway for rapid reentry, based on any increase in patient complexity. This reentry pathway allowed the primary care provider to have ready access to the palliative care team, and provided an expedited process for patients to be reassessed. The program was extremely successful in dropping the waiting time for palliative care services, from 8 weeks to under 2 weeks.

The main challenges identified in the delivery of the program relate to the intensive nature of triaging and the skills required to conduct such work. The presenters identified that triaging time took away from the APN’s other duties, particularly as the success of the program led to even more referrals. The program was initially led by an APN with expertise in leadership, program development, implementation and evaluation. However, presenters questioned whether, going forward, an expert palliative care nurse or community health nurse might be more appropriate.

The program is now in the initial phases of evaluating program outcomes. Questions about the patient and family experience, the family physician experience and the overall team experience with the program have yet to be documented. An initial evaluation will survey family physicians on their experience, and explore the experience of caregivers who used the programs’ services. Although this program is still in its infancy, it shows promise and potential for broader application. Recognition that needs change over time, and provisions for rapid retriage, creates efficiencies in the healthcare system. The program further demonstrates the impact of nurses working to their full scope of practice.

IN BRIEF

Already known:
• Interdisciplinary team-based palliative care is the optimal care approach for patients and families.
• Demand for palliative care services often outpaces available services, leaving many patients with sub-optimal care arrangements.

What this study showed:
• Nurses are well-situated to assess the complexity of patient and family needs.
• Based on assessment abilities, nurses can assist patients as they navigate the palliative care trajectory, particularly in the identification of services appropriate to their needs.

Next steps
• Conduct further evaluation of the program with patients and care providers.
• Assess nursing skill sets best suited to taking on the triage and navigation role.
• Continue to track patient and caregiver outcomes.
• Replicate the program in other jurisdictions.

References