Development, Implementation & Evaluation of a Nurse-led Palliative Care Triage & Navigation Model
Trillium Health Partners – Large community-based, academically affiliated hospital with a Regional Cancer Centre

Credit Valley Hospital Site - Outpatient clinics, chemotherapy, radiation therapy, inpatient oncology & palliative care unit

Queensway Hospital Site - Outpatient clinics & chemotherapy

Mississauga Hospital Site - Inpatient oncology unit
### Old Model: Palliative MD to Palliative care

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triage</strong></td>
<td>Patient is referred to Palliative MD by Family MD, or Specialist. Palliative MD triages patient based on referring provider’s rating of urgency and geography. Patient appointment is set up by administrative support.</td>
</tr>
<tr>
<td><strong>Initial assessment</strong></td>
<td>Patient has initial visit to Palliative Care Clinic. Palliative MD may refer patient to community service providers and support services based on need.</td>
</tr>
<tr>
<td><strong>Palliative Care</strong></td>
<td>Patient is followed by the Palliative care team with appropriate referrals to community service providers based on emerging needs.</td>
</tr>
<tr>
<td><strong>Follow up</strong></td>
<td>Palliative care team provides follow-up until end-of-life or transition to alternative setting (e.g. hospice).</td>
</tr>
</tbody>
</table>
Need for a New Model in 2014

• 2014
  • 🚪 New consults
  • 🚪 Follow up visits
  • 🚪 Phone calls by nursing
• THP average wait time non-urgent patients 7-8 weeks
• CCO standard: 80% patients to be seen within 2 weeks
Key Goals for a New Model

- To encourage and support early identification of patients with palliative care needs
- To match patients to the
  - most appropriate providers of palliative care, in a
  - timely manner, based on
  - assessed needs
- To ensure high quality, effective transitions in care
- To provide an early understanding of palliative care to patients/caregivers
- To support primary care providers in providing primary level palliative care
- To enhance the ability of the primary oncology teams to initiate a palliative care approach
# Old & New Models Compared

## Old Model: Palliative MD to Palliative care

**Patient is referred to Palliative MD by Family MD, or Specialist**

Palliative MD triages patient based on referring provider’s rating of urgency and geography. Patient appointment is set up by administrative support.

**Patient has initial visit to Palliative Care Clinic.** Palliative MD may refer patient to community service providers support services based on need.

**Patient is followed by the Palliative care team with appropriate referrals to community service providers based on emerging needs**

**Palliative care team provides follow-up until end-of-life or transition to alternative setting (e.g. hospice)**

## New model: RN-led Triage and Navigation Model for Palliative Care

**Patient is referred to Palliative Service by Family MD, or Specialist**

Nurse (RN) conducts initial assessment of patient needs and complexity - including a comprehensive chart review, and a discussion with the patient, family doctor, and community providers - to triage patient to appropriate care providers, and facilitate referrals to community service providers.

**Patient is seen and followed by:**
- APN
- Palliative Care Clinic
- Primary care
- Community Palliative Care

**Identified palliative care team provides follow-up until end-of-life or transition to alternative setting (e.g. hospice)**

**Primary care** receives contact information for access/re-access into the palliative care clinic if patient complexity changes.

---

**Cancer Care Ontario**

**Action Cancer Ontario**
Wait Time in New Model
APN Doing Triage & Navigation

Days

Wait Time

APN Started T&N

May-13
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Enter NAMoC
NAMoC Initiatives

1. Comprehensive evaluation of the Palliative Care Triage & Navigation Model
2. Implementation and feasibility of an expert RN acting as Triage & Navigator (T&N) vs APN
3. Recommendations of how to standardize the T&N Model throughout Trillium Health Partners
4. Knowledge Translation Plan
### Work Streams & Initiatives / Deliverables

<table>
<thead>
<tr>
<th>Triage &amp; Navigation</th>
<th>Evaluation</th>
<th>Standardization</th>
<th>Knowledge Translation</th>
</tr>
</thead>
</table>
| • T&N expert RN job description  
• Quarterly Triage Outcome Surveys of T&N expert RN & APN  
• Comprehensive evaluation of the Palliative Care T&N model  
• Pt face-to-face interviews | • Surveys: Provider, Patient experience, Caregiver Voices  
• Quarterly CCO MDS  
• Monitor ED admissions and length of stay, pre-post T&N Model | • Key Stakeholder Interviews SWOT & Report  
• Comparative analysis between hospital sites  
• Pilot design T&N Model at 2nd hospital site  
• Recommendations and change management plan | • Implementation Tool Kit  
• Publications/Posters  
• Road Shows |
## Work Streams and Indicators/Outcomes/Measures

### Triage & Navigation
- Triage outcome survey (comparison between expert RN vs APN)
- Expert RN self-assessment
- Service delivery, volumes, access to care
- Wait times
- Budget/cost

### Evaluation
- Clinical outcomes
- Service delivery, volumes, access to care
- Measure use of hospital resources; focus on ED and acute care beds
- Compare baseline pre- and post-implementation states

### Standardization
- Budget/cost
- Volumes
- Wait times
Facilitators & Strengths

Inter-professional Team

• Nursing, physicians, clerical, project manager & selective use of patient/caregiver feedback
• Project Work Plan
• Project Working Groups

• Process Mapping of RN Pilot
• Value Stream Analysis

Weekly Huddles
Barriers

• Recruitment expert RN for the pilot
• Underestimating steep learning curve for both new CNS & new T&N RN
• Using a 0.5 FTE expert RN who works the other 0.5 FTE in a busy Palliative Care Clinic
  o Impacts on the Palliative Care Clinic nursing staff
  o Impacts on expert RN
• Leadership changes within the program
• Caregiver Voices
  o Determining key requirements
NAMoC Goals and Objectives

**Optimize Nursing Scope**

- **Navigating** patient to the right care at the right time by the right provider
- **Symptom & toxicity assessment & management**, including dealing with emergencies
- **Teaching** about palliative approach to care
- **Coordination & Referral** among/to multiple providers, using advanced communication skills

**Enhanced services, same/fewer Resources**

- Expert RN Replaces APN / MD for Triage
- Pt understands something about PC approach, prior to 1st visit to provider
- Symptoms +/- toxicity management starts earlier
- Referrals to community resources (CCAC, etc.) can be made at triage

**Measurable, Positive Impacts**

- Earlier contact with PC professional
- Decreased wait time to PC provider
- Enhanced Patient, Caregiver & Provider experiences?
- Fewer ED admissions? Decreased length of admissions?

- Trillium Health Partners
  Better Together

- Credit Valley Hospital
  2200 Eglinton Avenue West, Mississauga

- Mississauga Hospital
  100 Queensway West, Mississauga

- Queensway Health Centre
  150 Sherway Drive, Toronto
Thank you from our Team!

• Ms. Ana Botehlo, Administrative Assistant
• Mr. Jeff Nayler, Project Manager
• Dr. Asha Gupta, Palliative Care physician
• Dr. Laura Harild, Palliative Care physician
• Ms. Judy Tobin, RN
• Dr. Bob Sauls, consultant Palliative Care physician
• Ms. Cathy Kiteley, consultant RN
• Ms. Nancy Lee Brown, RN, CNS