ESCALATION OF OUR PATIENTS WITHIN THE MULTIDISCIPLINARY TEAM – RIGHT CLINICIAN, RIGHT PATIENT, RIGHT TIME

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KEYWORDS

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Multidisciplinary

Model

Allied Health

Service Development

EXECUTIVE SUMMARY (100 words maximum)

Escalation of care for palliative care patients is required for a number of reasons throughout the patient journey. This can be challenging for a large community service. Our service has implemented multiple strategies to ensure the multi-disciplinary team are working in a cohesive and collaborative way daily to ensure the right clinician responds to the right patient to address their needs. This true multi-disciplinary model has allowed us to improve our responsiveness to patients requiring escalation.

INTRODUCTION

Meeting the needs of patients in a large community service when their care requires escalation is challenging. How do you effectively coordinate a large team to address these needs? How do you make sure patient complexity is matched to clinician skill mix which is essential to ensure a person receives the right care, from the right person at the right time?

In 2021-2023 our community service underwent a redesign project and workforce realignment to ensure a seamless, responsive, and integrated community service model of care. The new model provides the service with the ability to provide flexible, responsive, person-centred care to meet the changing needs of patients and families throughout their journey. It matches patient complexity to clinician skill mix as an essential component of the model.

A key feature of the revised model of care was the development of escalation pathways, based on Palliative Care Outcomes Collaboration (PCOC) assessments, which identified three key escalation pathways: admission to acute care; direct admission to the palliative care unit; or care at home. Reasons for escalation include a range of issues such as palliative care emergencies, difficulty managing complex symptoms, family and social complexities, existential and/or psychological distress, rapid functional deterioration, and complex prescribing. The involvement of the multi-disciplinary team is essential at all stages. Twice daily multi-disciplinary huddles use the PCOC dashboard in eMR to identify care needs of patients based upon their phase. Using other PCOC indicators including SAS, PCPSS and AKPS the team can identify which discipline is needed to review the patient, or if a joint visit would be most beneficial.

HIGHLIGHTS

- The palliative care workforce expanded to a large team of Medical Officers, Nursing (NPs, CNCs, CNS, RNs), Allied Health (Clinical Psychology, Dietetics, Occupational Therapy, Physiotherapy, Senior Aboriginal Health Worker, Social Work, Speech Pathology), administration and support staff.
- The specialist palliative care team is integrated with community health nursing service as a 'shared care' model.
- Allied Health manager position established to enhance governance of allied health services and respond to and coordinate resources to escalate needs.
- Broad consultation with clinicians to develop the workflow processes and procedures for escalating deteriorating palliative care patients.
- Routine utilisation of PCOC assessments to rapidly screen for patients requiring escalation.
- There are 3 identified main pathway options for escalation.
- Daily Huddle structures were developed covering 'escalation point's including triage, care coordination/escalation, complex case management and separations/discharge.
- Structured handover/presentation formats (ISBAR) for staff to communicate escalation needs.
- Changes made to Allied Health processes including development of automatic referrals for certain patient groups, quick referral process from huddles and update to the allied health triage / prioritisation tool.

METHODOLOGY/ PROCESS

Redesign Project

A formal redesign project using the redesign methodology of project initiation, diagnostics, solution design and implementation was used to develop the model of care. This included staff and bereaved carer surveys, process mapping, root cause analysis workshops and consultation and service development activities. A concurrent workforce alignment occurred to structure positions that would optimise and support the model effectively and to build in career pathways and enhanced governance, safety, and quality.

The project used change management strategies including engaging stakeholders, including executive sponsors and working groups, enacting a sound communication and education strategy, levering data and IT systems to support changes i.e. eMR PCOC and a workforce development strategy. Procedures and workflow documents (flowcharts) were developed for all aspects the patient journey. Throughout implementation, multiple Plan, Do, Study, Act (PDSA) cycles were used to modify, refine, and further improve the model.

RESULTS/ OUTCOMES

Data has demonstrated a multi-disciplinary approach to care when responding to patients identified as needing escalation which is now business as usual within the service. Incorporation of Allied Health into the model of care has provided improved responsiveness to holistic care with targeted referral pathways, single point of escalation, prioritisation linked to PCOC assessments and improved multidiscipline referrals. PCOC data demonstrates an improvement in time in unstable phase from 31.5% to 73.8% within a six-month period. A key attributor to this is daily review of patients in the unstable phase and the multi-disciplinary approach to patient review and assessment based off PCOC scores and ongoing education.

Standardising the admission to ward processes for palliative care units has assisted with facilitating the patients into an appropriate care location when needed.

CONCLUSION

In conclusion, enablers to success include the incorporation of PCOC into eMR, inclusion of clinicians in model of care development and re-alignment of positions into streamlined reporting lines. Challenges included managing staff expectations, change fatigue and limited resourcing across some disciplines. Standardising the way in which patients are identified as needing escalation, and having the multi-disciplinary team working collaboratively, has enabled the district to improve its response to meeting patients needs.