

Inter-Professional Care Team: Newfoundland & Labrador – Central Triage Model

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Presentation Outline-Central Triage Model

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2	Role description
3	Skills and training
3	Interprofessional collaboration
4	Impact on access to care
5	Other outcomes: quantitative or qualitative
6	Funding
7	Challenges and opportunities



1. Central Triage Model-Overview

Pilot Project to improve access to Rheumatology Services - 2011

Rheumatology Health Program

Permanent funding for interprofessional approach to triage and access – 2014

Components of Model of Care:

Allied Health Professionals – team approach

Central Triage & Referral System

Urgency Classification

Patient education program

Public funded

1. Central Triage Model-Overview

Provincial Referral Site for Adult Rheumatology in NL

Located in St. John's – urban centre (provincial capital)

Population of the province (2014) = ~ 527,000

St. John's metro area (2014) = ~ 208,000

Eastern Health – 1 of 4 Regional Health Authorities (RHA) in NL

Affiliated with Memorial University of NL Medical School

Physicians - 3 Rheumatologists on staff (public)

1 Pediatric Rheumatologist (public) & 1 Adult Rheumatologist (private)



Rheumatology Health Program (RHP)

Mission:

“dedicated to optimizing health and wellness through excellence in arthritis care”

Team Members:

2 FTE Nurse Practitioners (NP)

1 FTE Occupational Therapist (OT)

1 FTE Physiotherapist (PT)

0.2 FTE Pharmacist

What is the RHP?

Educational based program provided by Allied Health Professionals

Help patients better understand/manage their arthritis - Empowerment

Access interprofessional team members (NP, PT, OT, Pharmacist)



2. Central Triage Model-Role Description

Patient Referral Form: Standardized 1-page

Referral: Physician or NP

Location: Central Intake Office

Triage Process: (1) Referral triaged by NP (48 hours)

Rheumatology Urgency Classification System:

1A or 1B = acute non-traumatic inflammatory arthritis

2 = sub-acute non-traumatic inflammatory arthritis

Routine = chronic non-inflammatory arthritis

Referrals redirected to Internal Medicine Consultants

(2) Triage Assessment

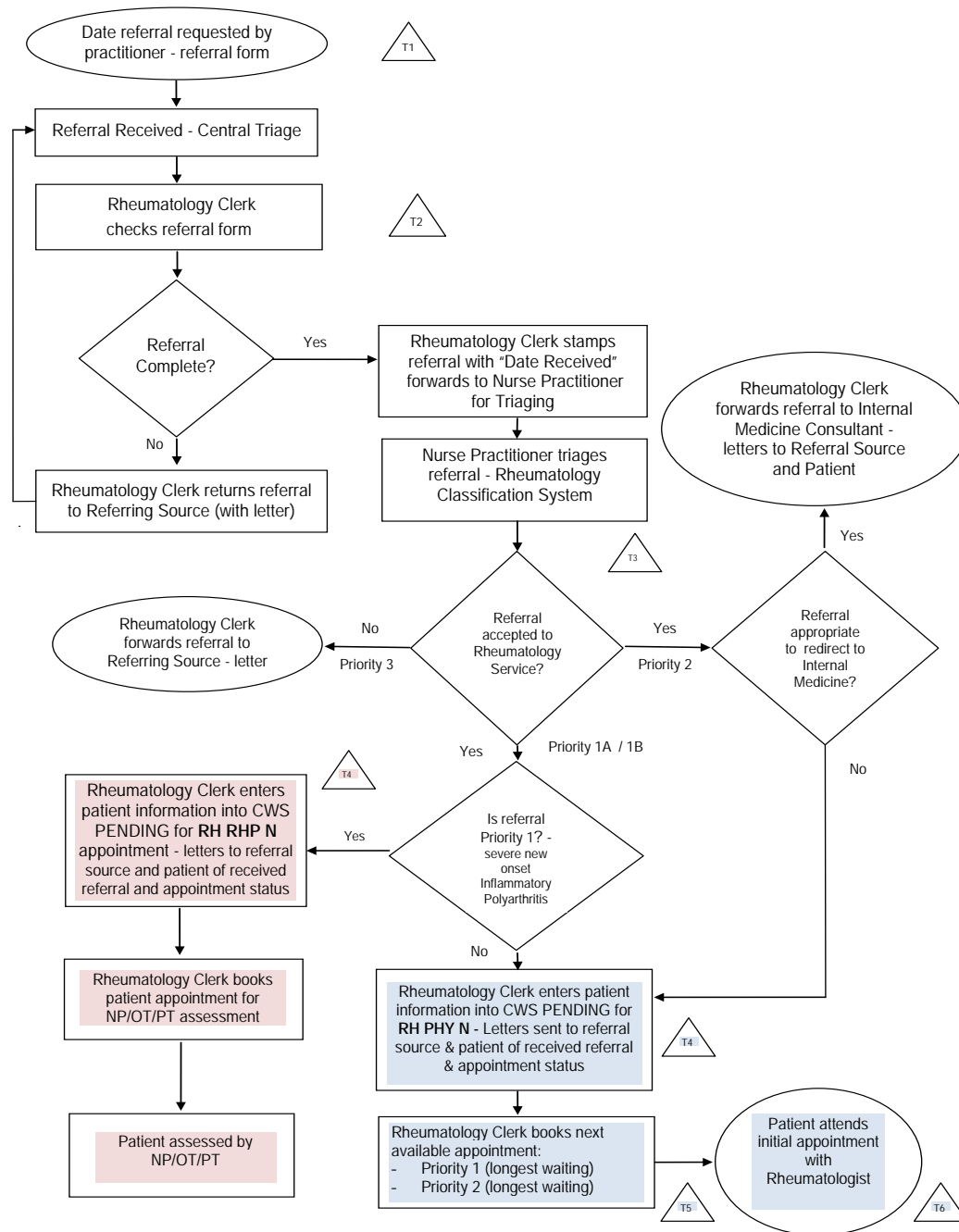
Patient booked for assessment by **PT, OT, or NP**

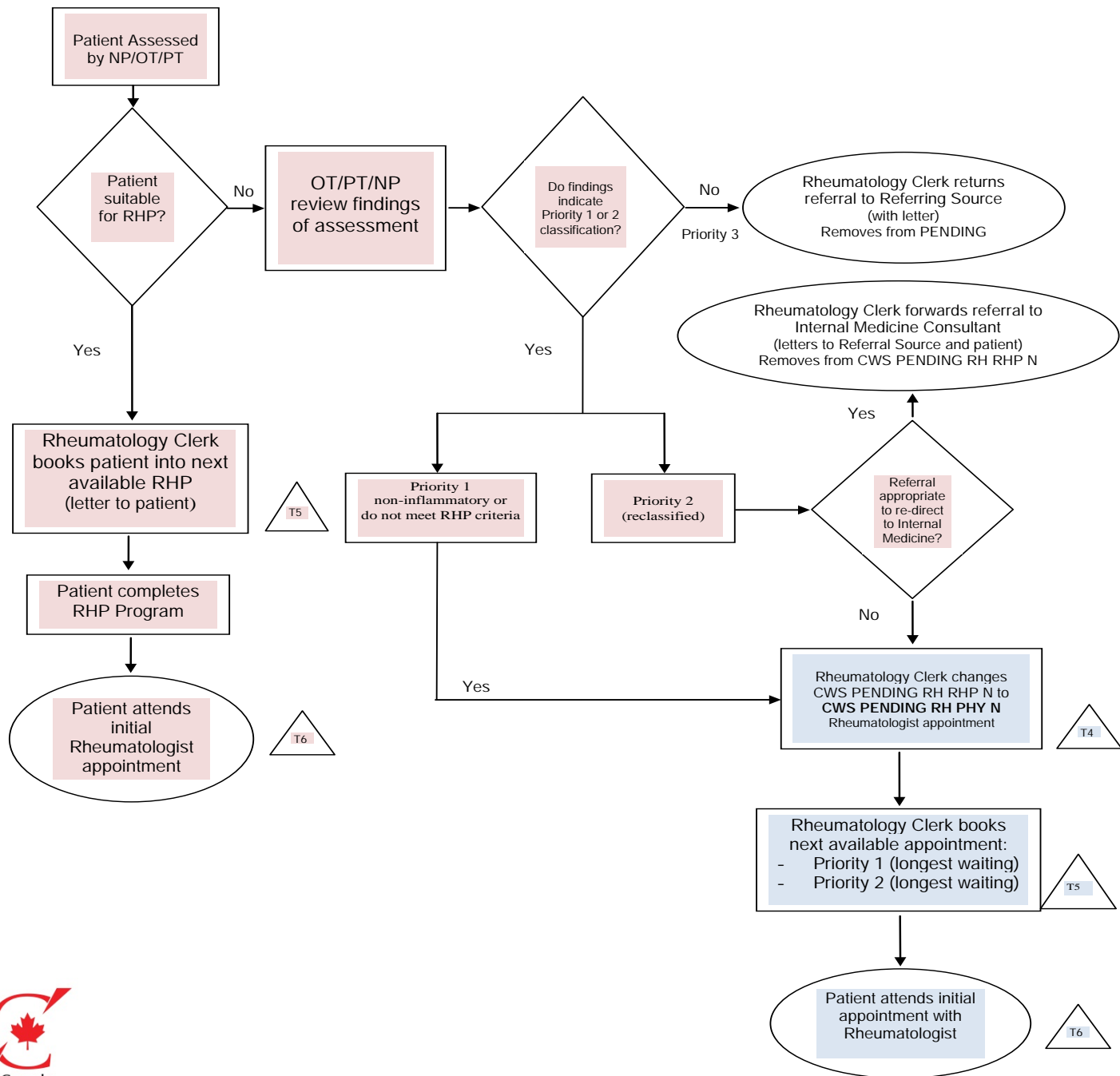
First point of access to service

Outcome: Confirm urgency classification – Redirect or Return

Appropriate for **RHP**

Patient's name remains on waiting list until booked





3. Central Triage Model-Skills and Training

Triage Urgency Classification	- NP
Triage Assessment	- NP, OT, PT
Joint Assessment	- NP, OT, PT
Consultation on Triage	- NP, OT, PT
Patient Follow-up	- NP

including reassessment, medication initiation/follow-up & joint injections

RHP Education Sessions	- NP, OT, PT, Pharmacist
Rheumatology Resource Person	- NP, OT, PT, Pharmacist
Specific OT or PT treatment intervention	

3. Central Triage Model-Skills and Training

Total Assessment of Inflammatory Polyarthrititis Course (TAS)

Clinical experience with the Rheumatologist

Attendance at conferences & workshops– CRA, ACR, EULAR

Online training - *RheumTalks*

Research Training as Joint Assessor (Dr. Proton Rahman)

The Arthritis program (TAP) Interprofessional training Program (Southlake Regional Health Centre)

4. Central Triage Model-Interprofessional Collaboration

Interprofessional collaboration in person, electronically, or by phone

Team meetings weekly – NP, OT, PT

- Review patient assessments

- Determine appropriate triage status

- Ensure appropriate access point to service

RHP Sessions – once per month

- Allied Health Professionals (PT, OT, NP)

- Pharmacist

- Dietitian

- The Arthritis Society

Access to the **Rheumatologist** as necessary



5. Central Triage Model-Impact on Access to Care

Triage Assessment:

- Decreased wait times

- Ensures appropriate access point

- Urgent concern – directly to Rheumatologist on call

- Decreased assessment time for the Rheumatologist

- Facilitates further tests being done in advance

RHP:

- 6 additional assessment slots with the Rheumatologist per month

- New or existing diagnosis Inflammatory Arthritis

- Pre-assessed patients only

NP:

- Performs follow-up appointments for patients (medications, joint injections, etc)

Wait times reflective of access to service (first point of entry)



6. Central Triage Model-Other Outcomes

Wait Times - Access to Rheumatology Services

Target – Times (T-Times):

- T2 Date of Receipt of Completed Referral
- T3 Date of Referral Review
- T4 Date of Pending Appointment Booking
- T6 Date of Appointment Attendance

Developing Database - indicators



Rheumatology Wait Times Performance for Eastern Health 1st Quarter, 2014/15

						Completion Rate of All Attended First Access Appts									
Outpatients Only	Number of Patients Waiting for First Access	Number of Patients Attended First Access	Number New Requests (referrals)	Median - 50th Percentile Wait Time (calendar days)	90th Percentile (Calendar Days)	24 hours	48 hours	7 Days	14 Days	30 Days	60 Days	90 Days	182 Days	365 Days	> 365 Days
Rheumatology - SCMH															
High Urgent (1A)	166	118	155	103	182	1.3%	1.3%	10.5%	14.5%	23.7%	38.2%	43.4%	90.8%	94.7%	100%
Urgent (1B)	246	83	137	52	399	0.0%	0.0%	0.0%	0.0%	5.0%	65.0%	65.0%	66.7%	76.7%	100%
1A/1B	412	201	292	66	385	0.7%	0.7%	5.9%	8.1%	15.4%	50.0%	52.9%	80.1%	86.8%	100%
Semi-Urgent (2)	182	12	17	39	49	16.7%	16.7%	16.7%	33.3%	33.3%	100.0%	100.0%	100.0%	100.0%	100%
Rheumatology - SCMH Totals	594	213	309												

7. Central Triage Model-Funding

Publicly funded positions for Allied Health Professionals

Department of Health and Community Services – wait time strategies

Employees of Eastern Health

Rheumatologists on salary

8. Central Triage Model-Challenges

Challenges:

Getting buy-in from all team members, including Rheumatologists

Getting the evidence (data) to show we have made a change

Getting permanent funding to support the MOC

Limited Rheumatologists on staff

No Rheumatologists outside of St. John's

Large geographical area to service

Improving initial contact but delay in being diagnosed remains

8. Central Triage Model-Opportunities

Opportunities:

Improved access to Rheumatology Services with interprofessional approach

Improved quality of care for patients with arthritis

Improved team dynamics

Increased skills for team members

Improved patient knowledge regarding disease and proper management

Further research on the impact of our MOC

Questions?

