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# Hospice Palliative Care Telenursing Protocols Stakeholder Briefing and Information Exchange

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Pallium Project (Phase II)

**For use with a companion digital video briefing available  
at [www.pallium.ca](http://www.pallium.ca)**

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# Overview / Subproject Development

- Why we need Telenursing to support hospice palliative patients (HPC) at home
- How a group of HPC nurse leaders worked with Pallium to develop a prototype resource for other jurisdictions in Western Canada

## Part 2

- Following a case study and review of FH /BC NurseLine project
  - Future development and resources available
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# Pallium Project – Phase II

- \$4.3 million under National Initiatives envelope of Primary Health Care Transition Fund (Dec. 03 – March 06).
- Make a demonstrable and enduring impact on hospice palliative care capacity in Canada.
- HPC Protocols for Telenursing is part of the *Pallium Palliative Nursing Initiative*.
- Three programming streams:
  - Outreach education and continuing professional development (CPD)
  - Knowledge management and workplace learning
  - Service development and system readiness (service delivery enabling).

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# Pallium Project – Who is it?

- Palliative care leaders from major universities, health authorities, voluntary sector organizations and F/P/T governments.
- Some 40 organizations and 300 plus leaders and collaborators.
- Primarily active in British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, NWT and Nunavut, with pan-Canadian linkages for national resource development/distribution.

# Why a Telenursing Project ?

- Nursing leaders in Canada who had a passion around improving access
- Experience in Fraser Health of a pilot project around HPC and telenursing using the existing call centre for BC
- Support from Pallium to explore the fit between call centers in Western Canada and leverage the work done in FH



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# HPC Protocols for Telenursing

2004 national HPC survey by Quality End-of-Life Care Coalition of Canada (QELCCC).

- 50% of respondents indicated that they would use a provincial telephone or telehealth service for HPC information.
  - 90% of respondents indicated that they would seek answers about their health from family physicians (Ipsos-Reid, 2004).
    - Source: Canadian Hospice Palliative Care Association Media Release, *New Approach to End-of-Life Care Needed in Canada*, May 5, 2004 (see [www.chpca.net](http://www.chpca.net) for more information).
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# Why Should We Do This?

- Access to after hours palliative care services may:
  - Reduce unnecessary admissions to hospitals
  - Increase support to caregivers providing care in the home
  - Provide information to family caregivers
  - Assist with decision-making
  - Enhance communication and support between health professionals and family caregivers.
- International literature cites telephone support services as valuable to meeting rural support needs.
- Extremely useful resource for families caring for patients and community nurses working in rural communities.

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# Telenursing in Western Canada

- ✓ 1994 – 2003 Call centre programs established in Alberta, BC, Manitoba and Sask for residents 24/7
- ✓ Staffed primarily by RN's
- ✓ Offer consultation in the management of specific symptoms or health problems, referral to other services and health information
- ✓ Advice is given according to medically approved protocols
- ✓ Available in many languages and for the hearing impaired



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# Why Telenursing?

- 📞 Health authorities struggle with cost and logistics of 24/7 care
- 📞 Access to specially trained 24/7 nursing workforce
- 📞 Nurses are generalists who deal with a broad range of health problems
- 📞 Nurses become “virtual” members of the health care team
- 📞 Systems provide an excellent way to measure quality of responses and document response

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# HPC Protocols for Telenursing

## ■ **Original Purpose:**

- To develop a set of peer-reviewed telenursing protocols using the Canadian Hospice Palliative Care norms and principles (i.e., CHPCA model) for adoption by provincial/territorial health line services and health authorities.

## ■ **Timeline:**

- 17 months (Nov 04 – March 06).

## ■ **Resources:**

- Cash contribution from Primary Health Care Transition Fund (PHCTF) National Envelope (Health Canada).
- In-kind from palliative care programs and cancer agencies.

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# Steering Committee

- Carolyn Tayler, Chair – Fraser Health Authority (BC)
- Velda Clark, Vice-Chair – Regina Qu'Appelle Health Region
- Carleen Brenneis – Capital Health Authority (AB)
- Marie-Josée Paquin – Alberta Cancer Board Hospice Palliative Care Network (HPCN)
- Carmen Taylor – Calgary Health Region
- Ann Syme – BC Cancer Agency
- Lorena McManus – Winnipeg Regional Health Authority
- Michael Aherne – Pallium Project
- Lori Halls – Executive Director, British Columbia Health Guide Program, Ministry of Health Services, Government of British Columbia
- Diane MacCormack – Community Liaison Nurse, British Columbia NurseLine

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# Core Assumptions

Integration of HPC and call center programs:

- Is **grounded in the practice-based reality** of both partners
- Is dependent on the **readiness** of all stakeholders
- **Augments current resources** for enhancing community care, does not replace them
- Is **competency-based** and **evidence-informed**
- Is dependent on implementation of **standardized protocols provided in the project toolkit**, which are aligned with both the CHPCA norms and principles and telenursing protocols for triage of symptoms and empowerment of callers through informational support

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# Evolution of an Idea!

- It was not a matter of starting with a blank sheet of paper and writing a protocol we would all agree with
- It would not work for unknown callers
- To really improve care for HPC patients there had to be a link back to the community providers
- It was nursing advice and had to be within those well defined and articulated standards
- From a technological point of view it was doable

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# Assumptions for Modifying Telenursing Protocols and Home Health Practices

- Decision support software used in nurse call centers is different in various provinces but:
  - ✓ Uses standard/widely accepted medically approved protocols
  - ✓ Applies the concept of symptom triage
  - ✓ Disposition is based on widely accepted time frames
  - ✓ Protocols do not need to be developed from scratch but are enhanced for the HPC population

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Case Study

Fraser Health & BC

NurseLine

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# We built the prototype!



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# Building a Car that will work for you!

- Experience and a lot of hard work has taught us that it is a car that we need not a bike or an airplane
- We have the blue prints and some free advice
- In the Lower Mainland in BC you don't need a block heater on rust proofing
- In other provinces you might think about a block heater
- You did not need to take this car down every highway, i.e. you might have another vehicle for the teenager or for camping!
- As others build from our prototype we hope the design of the car keeps improving – we did not take out a patent!

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# What we accomplished

- ✓ Beginning Linkages with western Canada health line call centre service providers and provincial/territorial/health regions' policy/decision makers
- ✓ Leveraged the experience in FH and explored the feasibility of applying the experience to other provinces
- ✓ Knowledge transfer – developed training tools/resource manual (“How to Tool”) for using the enhanced HPC protocols within existing telenursing
- ✓ Development of a framework and suggested templates to enable health authorities to maximize patient access to the nurse lines

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# Resources

- Developed a resource guide to inform the standardized development and evaluation of nurse call centre initiatives the support the delivery of 24/7 HPC
- Resource guide has program development tools and samples of materials and processes from the existing service in FH
- Checklists for indicators of readiness, protocols and enhanced call flow examples

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# What needs to be done for those choosing to pursue HPC Telenursing

- ❑ Assess readiness both in the call centre and the health region/authority.
- ❑ Inventory of provincial/regional hospice palliative care resources.
- ❑ Conducting the local resources/way finding needs for each region.
- ❑ Local implementation of enhanced protocols in each jurisdiction.