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Manitoba's Clinical & Preventive Services Plan

Investing in Better Care, Closer to Home

CANCER AND PALLIATIVE CARE PROVINCIAL CLINICAL TEAM

Clinical & Preventive Services Plan Summary

An opportunity to elevate outcomes through reconfiguration

Manitoba's key population characteristics create an opportunity for the province's health system to both **meet evolving needs and set the standard for care in priority areas including rural health, healthy aging, and needs of diverse populations.** The significant **Indigenous population** presents an opportunity for leadership in **collaborative design and delivery of health services**.

Key Population Characteristics

Manitoba's Population is Growing

Growth rates vary by region with **higher growth in Winnipeg and Southern regions**, by 45% and 62% respectively, over the next 25 years.

Manitoba is Highly Rural

44% of the population is **highly distributed across geographies** with less than 10 people per km

Manitoba has an Aging Population

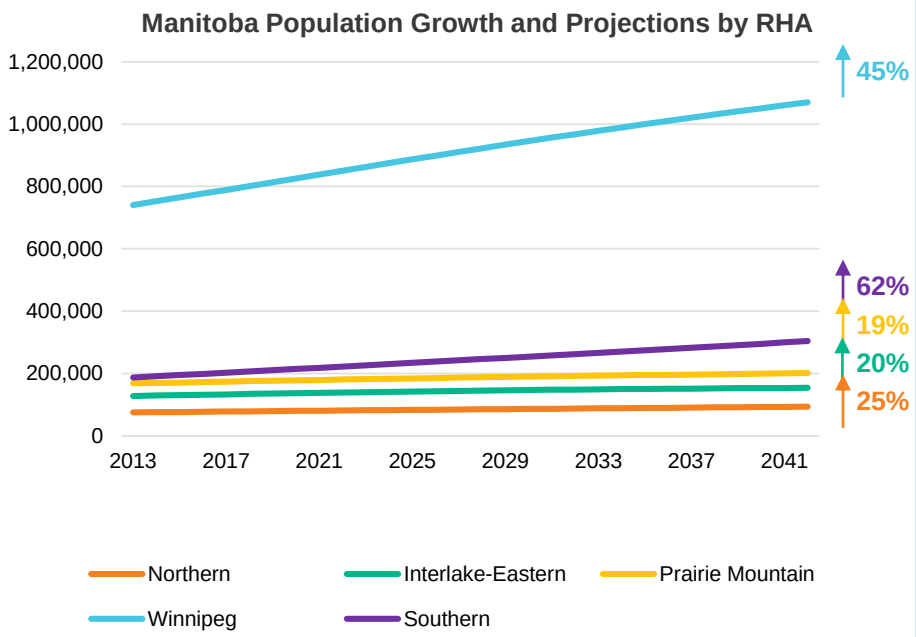
The **largest growth** is projected to occur with the **80+ and 60-70 year old cohorts** however Manitoba remains the only province where youth under 15 exceed the older population

Manitoba has a large Indigenous population

Manitoba's Indigenous population makes up **18% of the population**, the highest of any province in Canada. This population is also younger than the rest of the province

Manitoba has a Diverse Culture

109,925 Manitobans speak French of whom 74% were born in Manitoba. **18.3% of Manitoba's population are immigrants** with 80% settling in Winnipeg



A strong foundation to build upon

Manitoba already holds **capabilities and characteristics** that can be leveraged to enhance the future healthcare system

One provincial academic hospital

The majority of tertiary health services for Manitoba's 1.3M people are delivered in Winnipeg through one provincial academic hospital: Health Sciences Centre (HSC), an internationally recognized and accredited academic hospital and research centre.

A leading university and research centre

University of Manitoba is a leading centre for the training of health professionals and support for specialist care delivery and rural and urban primary care.

International leadership role in the health of First Nations, Metis, Inuit, and Indigenous Communities

- Leadership role in instituting Jordan's Principle – a Child-First Initiative to assure equitable access to essential care
- Internationally recognized partnership-based health research through Ongomiizwin - Indigenous Institute of Health and Healing

Adaptability to innovative models of care

37% Increase in MBTelehealth utilization over in the past five years and multiple modes in place

1m+ miles saved — By clients who visited the Mobile Clinic (primary care bus) over five years in Prairie Mountain Health

Multiple achievements to improve wait times and patient experience

25% Improvement in total time spent in Winnipeg EDs (Winnipeg) – the most improved in Canada

50% Improvement in total wait time for endoscopy through centralized referral and intake models – similar models in place for hip and knee replacements, spine surgeries, and others

Flexible workforce options provide new opportunities to build future models of care

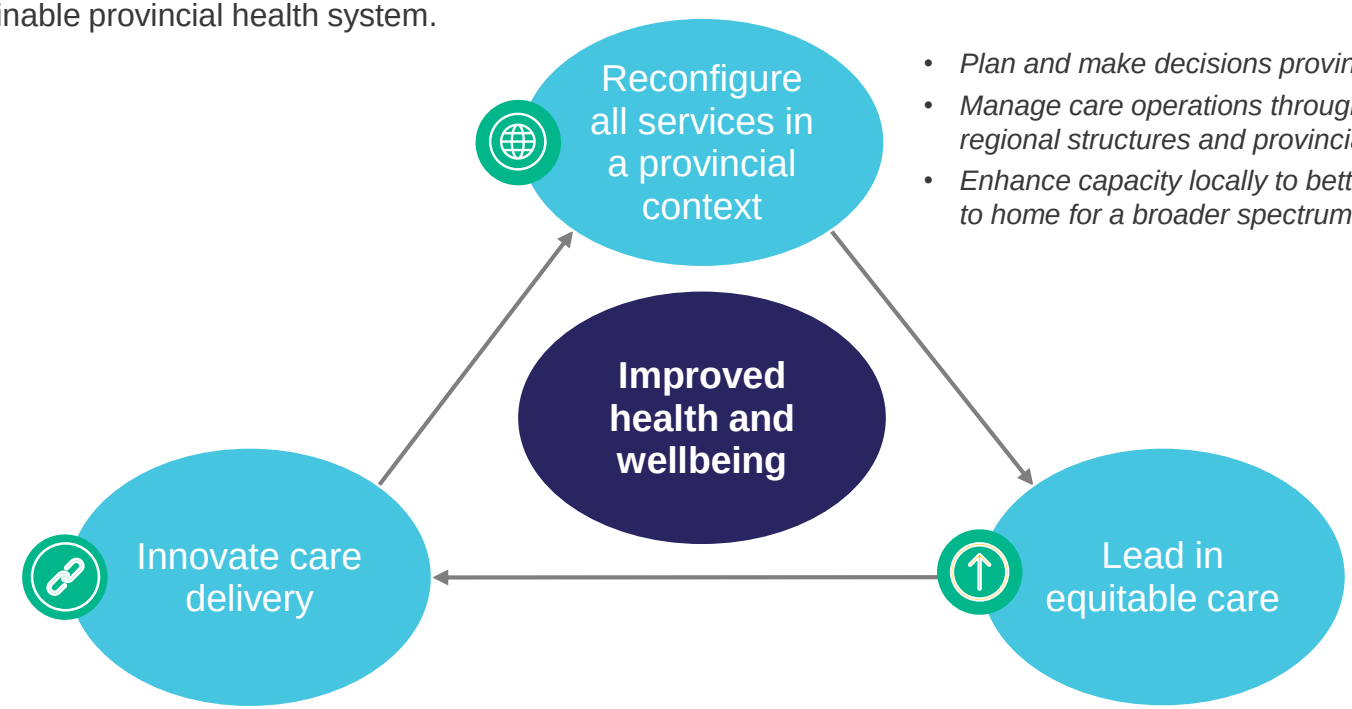
2x More paramedics per 100,000 residents than the Canadian average and more female paramedics (national average: 32%)

20+ Regulated health professions under one umbrella act (*The Regulated Health Professions Act*) with 21 categories of reserved acts

Expanding scope of Nurse Practitioners (e.g., minor invasive procedures, ordering diagnostic tests). Long standing leader in training, education, and employment of physician assistants including into primary care.

Manitoba's bold new future: Reconfiguring For Better Health and Wellbeing

The **elements of the future vision will work together** to improve how the health system supports Manitobans. Through redefined access and service capabilities across the province, Manitobans will benefit from improved health outcomes and a more sustainable provincial health system.



- *Plan and make decisions provincially*
- *Manage care operations through a combination of regional structures and provincial services*
- *Enhance capacity locally to better support care close to home for a broader spectrum of health needs*

- *Provincial clinical governance to support clinical practice and model-of-care improvements province-wide*
- *Modernize care delivery approaches to increase reach and access from a patient and provider perspective*
- *Innovate* how *care is delivered to achieve better health and broader outcomes*

- *Lead in equitable care to urban, rural and remote communities through connected care*
- *Commit to a new future for Indigenous health in Manitoba based on a collaborative model of co-design and enablement among Indigenous communities and the provincial health system*

What does a modernized health system mean for individuals?

TODAY

- **Knowing where to go for the right care can be confusing** – for patients and for providers
- Your health care provider **may not have all the necessary information** about you and your health – this can result in you having to tell your story over, and over, and over again
- You may wait a **long time to access** the right care including diagnostic services and specialist care
- The care you need may not be accessible close to home, **requiring you to travel** to access services
- Your **visits may not be coordinated** across care providers, resulting in multiple trips to access care

IN THE FUTURE

- Consistent, reliable services will be accessible at facilities that are clearly defined by the care they provide, making it **easier to know where to go for care**
- Your health care providers will have **access to appropriate information** about you and your health needs
- Providers will **work together to coordinate** your care, ensuring that wherever you go, you are able to access the right care
- Coordination will **reduce your wait times** and unnecessary travel
- You will have the choice to **manage and navigate your own care**, in partnership with your primary care provider
- Your primary health team will have support to provide your **care closer to home** through virtual tools, advice and guidance

What does a modernized health system mean for individuals?

TODAY

Find a family doctor (primary care provider)
Wait for appointment to discuss your care needs
– or visit an Emergency Department

1st primary care visit

Specialist or diagnostic services referral and wait

Travel for care

1st specialist or diagnostic service visit

2nd primary care visit

Specialist or diagnostic services referral and wait

Travel for care

2nd specialist or diagnostic service visit

3rd primary care visit

Repeat referral and wait until an answer or diagnosis is determined

Travel for care

Ongoing visits to specialists and for tests

IN THE FUTURE

Providers work together to coordinate your care and multiple tools and options exist to help manage your own care

1st primary care team visit (providers with different skills work together)

You have tools to manage your health

You can get advice virtually

You have help to find the right health care

Your primary health team has the information they need about you and your health **and** has access to …

… advice and guidance for more specialized care needs that they can manage, with some support

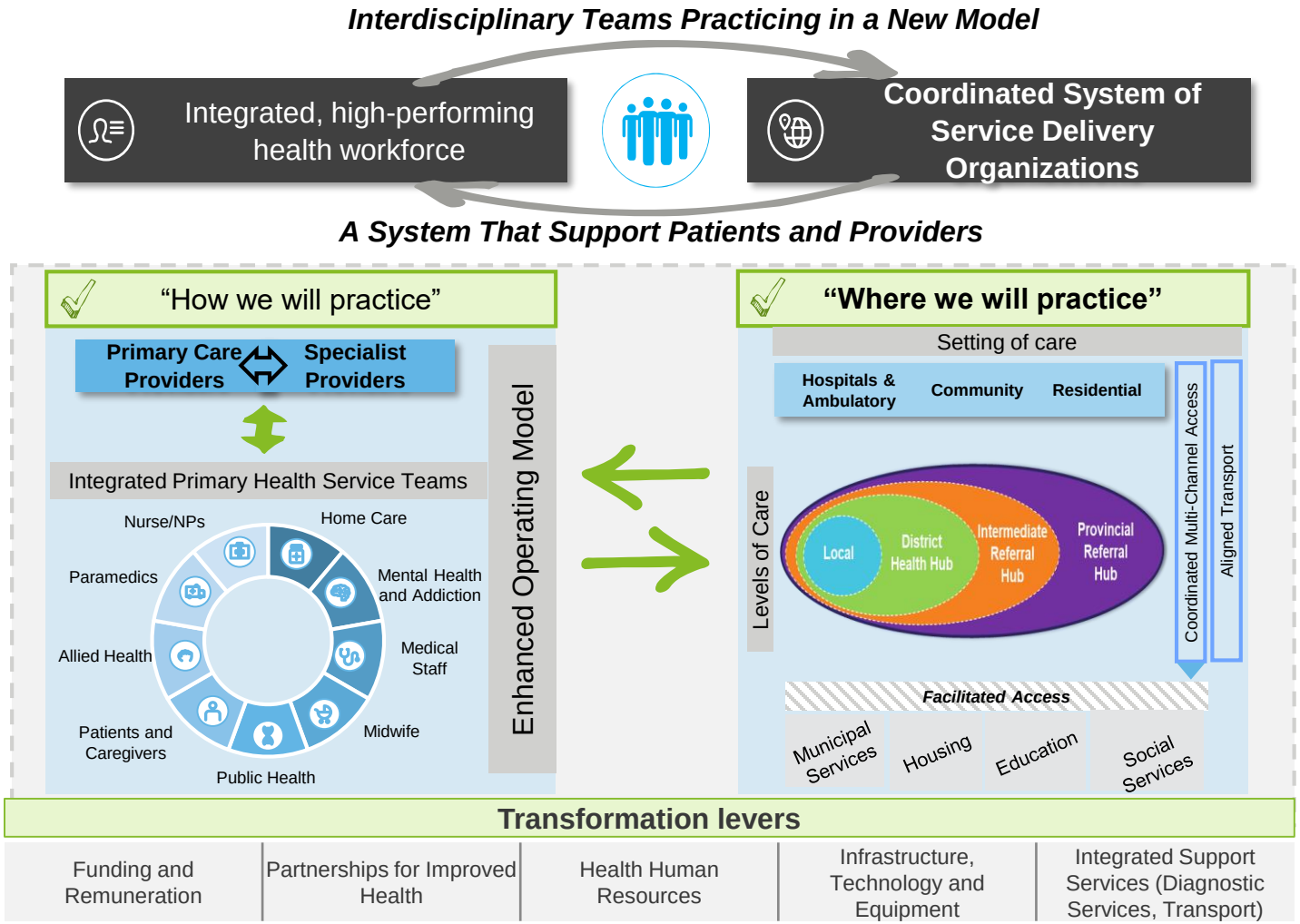
… virtual tools to bring care closer to home

… a network of other teams nearby for in-person or virtual access to care

… coordinated access to specialists that work together to reduce or eliminate unnecessary travel and coordinate with your primary care team

Each step in your care path seamlessly connects back to your local primary health team, keeping them up to date on your care

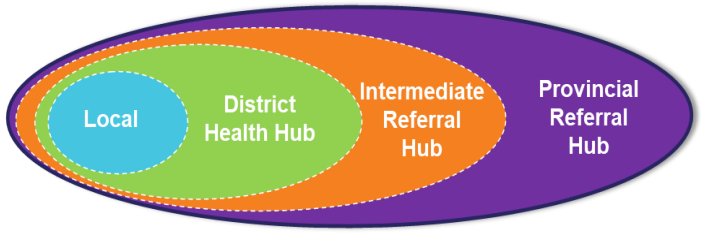
An integrated network for accessing and delivering services is core to the new provincial model



Defining one provincial system with enhanced local capacity and effective access to specialized care province-wide

The Integrated Network Model

- The Integrated Network Model shown below links local, district, intermediate, and provincial hubs and provides common service standards, capabilities and pathways for patients, providers and health system managers in the province.
- The model will reconfigure care to improve the health and well-being of all Manitobans through provincial standards that elevate care and innovative approaches to ensure equitable care delivery. The key to success will be the development of ***appropriate, sustainable*** capacity at the local level and ***standardized pathways*** that streamline how patients and providers navigate the system. ***Provincial clinical governance*** will guide the development and monitoring of standards and pathways. By leading in ***connected care***, Manitoba will optimize a hybrid digital and in-person care experience for everyone.
- The network model is intended to facilitate the relationship between providers and the flow of patients in the province. It is not intended to create barriers or "gates" in the system, instead it will be used to **create transparency and certainty of capabilities**.

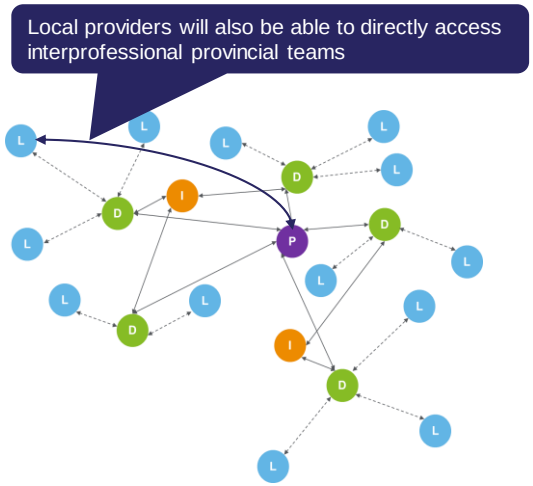


L **Local Area Hub**
Integrated network for prevention and screening, transitional care, community based support and rehab, and primary and community care

D **District Health Hub**
Integrated network for low-moderate acuity, variable volume general medicine/surgery interventions/procedures, post acute treatment and emergency services

I **Intermediate Referral Hub**
Integrated network for moderate acuity/complexity medicine, surgery, critical care, and emergency services

P **Provincial Referral Hub**
Provincial integrated network for high-acuity, highly complex medicine, surgery, critical care, and emergency services



Capabilities across local area hubs will be standardized along a spectrum, with flexibility to meet with population needs

The network model outlines ***minimum service standards and capabilities*** as the basis for infrastructure, health human resources, and clinical support services planning. Local Area and District hubs will feature a spectrum of capabilities (Enhanced, Core) to match the needs of its population, with increased acuity along the continuum from District to Provincial. Facilities at the District and Intermediate level may have targeted areas of programmatic focus that extend into higher levels of care.

Local	District	Intermediate	Provincial
Low acuity community-based care	*Low to moderate acuity community-based and inpatient care*	*Moderate to high acuity inpatient and medical/surgical care*	*High acuity/specialty medical and surgical care*

Enhanced

Interdisciplinary primary care teams who provide enhanced community services such as mental health support, midwifery, chronic disease management, and/or pain management; supported by appropriate diagnostics and the ability for short-term patient observation

Increased focus on **prevention and screening** with proactive population health management capacity

- My Health Teams, new care models (e.g., collaborative emergency centres in Nova Scotia, advanced care centres in Australia)

Core

Local primary care providers will be the main point of contact with the health system for most patients (e.g., Home Clinics)

Increased focus on **prevention and screening** with proactive population health management capacity

Core:
Urgent care during set hours for lower acuity patients

Enhanced and Intermediate:
24/7 Emergency Department

Provincial:
24/7 Emergency Department

General inpatient and ambulatory care with observation and monitoring capabilities, as well as targeted services

Enhanced:
Special Care Unit

Intermediate:
Intensive Care Unit (ICU)

Provincial:
ICU with specialized capabilities

Core:
Elective surgery, primarily with Family Practice Anaesthesia (FPA)

Enhanced and Intermediate:
Elective and emergency surgery with FPA or FRCPC

Provincial:
Elective and emergency surgery with FRCPC

Specialist Services may include:
District: Level I Nursery, community cancer care, primary stroke centre, and/or select areas of programmatic focus

Intermediate:
Level II Nursery, radiation therapy, general rehabilitation, moderate- to high-risk obstetrics and/or primary stroke centre

Provincial:
Intensive rehabilitation, and specialized mental health services, high-risk obstetrics and neonatal

Provincial Services such as:
Major trauma, thoracic services, comprehensive stroke care, specialty cancer care

Creating the capacity for a provincial approach to delivery in Manitoba through a 10-Point Plan

This 10-Point Plan outlines key mechanisms for Manitoba to improve access to care across the province and deliver on the benefits of moving to a provincial approach to care design and delivery

Interdisciplinary Teams Practicing in a New Model

Integrated, High-Performing Health Workforce

Coordinated System of Service Delivery Organizations

A System That Support Patients and Providers

"How we will practice"	"Where we will practice"
1. Provincial clinical governance	2. Clear roles and capabilities in network model
3. Enhanced community supports	4. Innovative approaches to care through digital health
5. Bridge the gap between primary care provider and specialist	6. Consistent pathways for targeted patient populations
7. Shift care between disciplines to enable clinicians to work to full scope of practice	8. Coordinated provincial access
9. Provincializing key aspects of our workforce	10. Provincial approach to outcomes and deliverables management

Cancer and Palliative Care

Current State and Case for Change | Palliative Care

Despite inconsistency in access, palliative care admissions are growing across the province.

There is a strong basis for palliative care in both rural and urban Manitoba

- While there is variation in availability of palliative care across regions (see below), regions have developed programs to meet the palliative care needs of their populations.
- For example, SHSS has developed a palliative care model that has strong involvement of primary care providers who are supported by a specialized team of palliative physicians and nurses.
- Interlake-Eastern RHA has recently initiated a pilot palliative care models that utilize community paramedics to enhance care at home.
- WRHA has also developed a strong program that provides consultation and care services with adult and paediatric programs
- Manitoba has supported the creation of the Canadian Virtual Hospice which provides support and information for patients, families, providers, researchers and educators

Variation in availability of comprehensive palliative care across regions

- Palliative care cases reported in to MHSAL vary in their characteristics (FY17/18): The proportion of cases that are oncology-related range from 61% in PMH to 83% in IERHA
  - The proportion of clients who are over the age of 75 ranges from 30% in NRHA to 55% in both PMH and SHSS
  - The proportion of deaths that happen in acute care ranges from 22% in WRHA to 77% in both IERHA and SHSS
- The only hospices in the province are in Winnipeg

Palliative Care Services, FY 17/18

	Location of Death				
	Home	Acute Care	PCH	Palliative Care Unit/ Bed	Hospice
MB	18%	42%	4%	34%	3%
NRHA	21%	39%	9%	30%	0%
IERHA	21%	77%	3%	0%	0%
PMH	7%	43%	12%	38%	0%
WRHA	21%	22%	2%	50%	5%
SHSS	18%	77%	3%	0%	0%

Data Sources: MHSAL - Continuing Care Branch

Note: Rates based on patients identified by the regional program as requiring and receiving palliative care. There are likely inconsistencies and gaps in how each region identifies palliative care patients

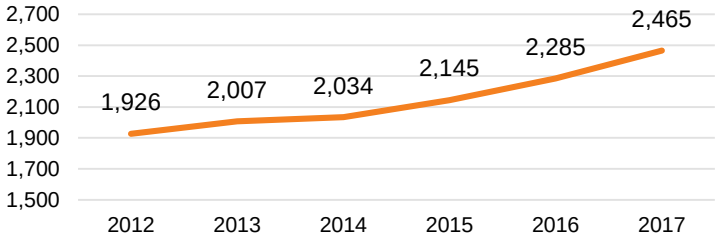
Current State and Case for Change | Palliative Care

Despite inconsistency in access, palliative care admissions are growing across the province.

Inpatient admissions for palliative care have been increasing

- Palliative care admissions have grown by 28% since FY 12/13. This may be partially attributed to increased awareness and identification of patients requiring palliative care
- Of patients who died in acute care in FY 16/17, 30% had been hospitalized for palliative care and 73% had a designation of palliative care on their record within their last year of life (CIHI)

Palliative Care Admissions, Manitoba, FY 12/13 to FY 17/18



Source: MHSAL – Discharge Abstract Database

Palliative Care Inpatient Admissions, FY 17/18

	Total Admissions	Total Length of Stay (LOS)
Manitoba	2465	21.8
Northern	49	21.4
Interlake-Eastern	164	27.9
Prairie Mountain	428	22.3
Winnipeg	1528	20.1
Southern	296	26.8

Source: MHSAL – Discharge Abstract Database

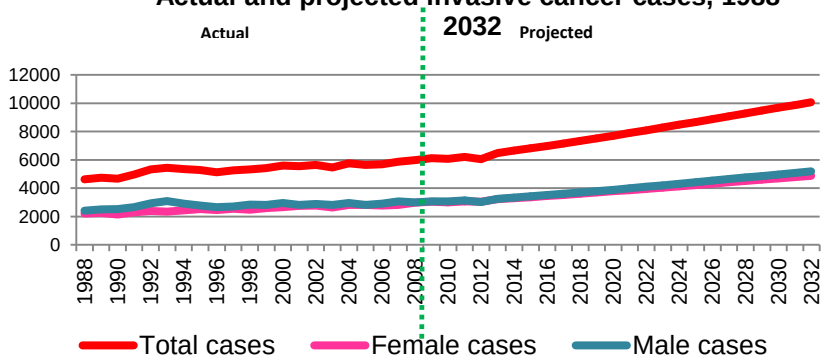
Current State and Case for Change | Cancer Care

Manitoba faces increasing cancer rates and inequities in health outcomes across regions

Manitoba faces increases in cancer diagnoses over the next 15 years however treatment and outcomes are improving

- There was a 26% increase in the number of Manitobans who were diagnosed with cancer between 2006 and 2016
- In 2016, 6,481 Manitobans were diagnosed with cancer which is expected to grow by another third by 2023
- One-year and five-year relative survival is higher in Manitoba for colorectal and lung cancer than the national estimate

Actual and projected invasive cancer cases, 1988-2032



Data Source: CCMB

Early identification can lead to more effective treatment and outcomes however there is variation across regions

- Provincially, cancers of the lung and bronchus are more likely to be diagnosed at late stage. There is little variation across regions in these cancers.
- Patients in PMH are more likely to be diagnosed at late-stage for prostate cancer
- Patients in NRHA are more likely to be diagnosed at late stage for colorectal cancer and experience higher mortality rates than the rest of the province.

Current State and Case for Change | Cancer Care

Manitoba is a leader in colorectal cancer screening but faces challenges reaching patients in the Northern region

People living in Manitoba's North face inequitable access to screening

- Patients in NRHA are less likely to be screened for all three cancer screening programs (breast, cervical, colorectal)

	% of eligible patients screened		
	Breast (2016-17)	Cervical (2015-17)	Colorectal (2016-17)
MB	**56%**	**65%**	**53%**
National Target	*70%*	*80%*	*no target*
NRHA	51%	55%	38%
IERHA	52%	66%	54%
PMH	58%	65%	54%
WRHA	57%	66%	54%
SHSS	52%	63%	54%

Data Source: CCMB

Access to systemic treatment is available to patients close to home

- CCMB's 16 Community Cancer Programs (CCPs) deliver care across the cancer continuum and enable people living outside of Winnipeg and Brandon to receive chemotherapy at a hospital closer to home reducing the need from travel
- CCMB has estimated that in 2017/18, patients and families saved over 13.3M km of travel due to the CCPs
- CCP activity for 2017/18 is shown in the table at right. No significant changes in volume were seen from the previous year

Utilization of Community Oncology Program	
	2017/18
Total physician visits (excluding radiation oncologist visits)	14,704
Outpatient Treatments (including IV chemotherapy, subcutaneous injection, bladder instillation, oral treatment support and other transfusions and treatments)	16,420
New patient referrals to community cancer program	1,071

Data Source: CCMB

Current State and Case for Change | Cancer Care

Manitoba faces increasing cancer rates and inequities in health outcomes across regions

The rate of cancer patients receiving surgery varies by region but has remained stable over time

- Over 50% of patients receive a surgical treatment within one year of diagnosis (compared to systemic therapy at 39% and radiation therapy at 28%)
- Manitoba performs consistently or better than national comparators on most surgical quality metrics. For example it has seen significant improvement in individuals with colon cancer who underwent a resection and had at least 12 lymph notes removed..
- One identified area for improvement is to reduce the rate of invasive breast cancer who underwent axillary clearance and had no positive nodes

Length of stay for Manitoba's

- Of the non-palliative cancer inpatients, just over half (52%) were medical inpatients with the remaining 48% being surgical patients.
- Medical inpatients have an ALOS of 17 days, notably longer than that of surgical patients at 10 days
- The length of stay for Manitoba inpatients has remained stable since 2015 but there is variation across disease groups with breast and gynecology days increasing in FY 16/17

Manitoba Cancer Inpatients (includes both medical & surgical inpatients), FY 16/17

	All Cases		Non-Palliative Cases	
	Discharges	ALOS (days)	Discharges	ALOS (days)
MB	**9,000**	**14.6**	**6,500**	**10.9**
NRHA	430	13.0	360	10.4
IERHA	1,000	13.8	760	10.2
PMH	1,570	15.7	1,200	12.7
WRHA	4,720	14.6	3,340	10.5
SHSS	1,290	14.6	900	10.5

Data Source: CCMB - DAD

Moving from today to the future

The vision for the future is based on evidence, informed by PCTs' holistic input, and aligns with jurisdictional practices

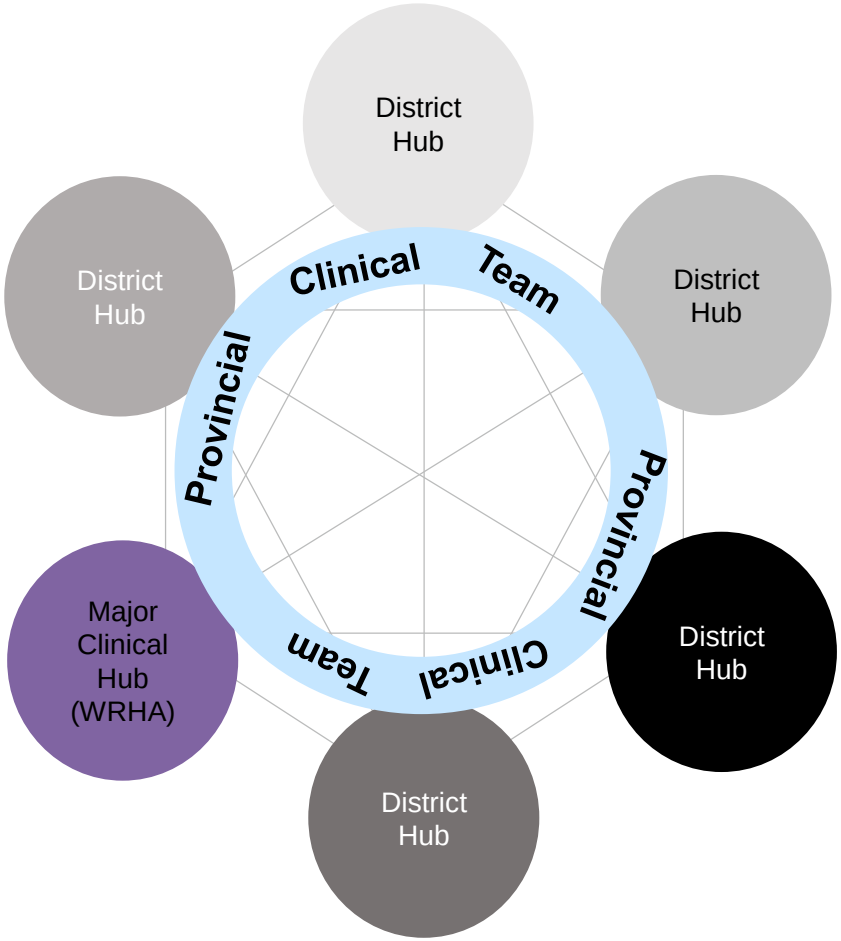
	Highlights of Current State	Highlight of Future State
Service Model – Highly Effective Teams	• Challenges with **recruitment and retention** or linking specialized resources to those in rural and northern communities • **Variation in availability** of specialized palliative care providers leading to inconsistent access • **Inconsistent and uncoordinated collaboration** between specialists and generalists (e.g., specialists and palliative care and community providers) leads to fragmented care.	• **Optimize scopes of practice** of the inter-professional team (e.g., NPs, PTs, OTs) to enable community-based palliative care • Create a **provincial clinical governance network** for palliative care to support provider education and standard development • **Partnership with community organizations** in remote communities to support uptake of screening and prevention programs
Service Standards and Pathways – Coordinated Delivery Systems	• **Lack of standardization** results in repetition of tests and care, inequities of access and different care pathways for patients • System and processes **do not consistently support communication between providers and with patients** on patient status, care plan, and outcomes • **Inconsistent definitions of palliative care** result in variable access to programs and services • **Lack of program transparency** means providers and patients do not always know what services are offered where and the right pathway of care • **Variation in cancer screening rates** with significantly lower rates in NRHA	• Designate **provincial hubs** for specialized care including a **dedicated inpatient oncology ward** and a **surgical oncology network** to support surgical quality across the province. • Expand capacity of Intermediate and District hubs to provide low-moderate complexity care (e.g., CCP sites) • **Standardized pathways** across Network levels based on stratified patient need, alignment to patient transfer pathways, and timely repatriation • **Align program requirements** to enable earlier engagement with palliative care in the patient journey • **Enhanced virtual care tools** to support palliative care providers and patients 24/7 • Palliative care is provided to patients and their families, **irrespective of the patient's location**

Model of care for Palliative Care

Future Vision: A coordinated and integrated network of palliative care services to improve patient outcomes and improve system efficiencies.

Key features of the future vision of a Provincial Palliative Care Program include:

- **Provincial multidisciplinary palliative care team** who provide specialized support and consults to district teams, local providers, patients and families
  - Rather than co-located in one entity or site, resources are based in a virtual distributed model with palliative specialists from targeted District Hubs across the province
  - Dedicated provincial role to drive standardized education, through outreach support or provincial session to District and Local hubs across the province
- **District palliative care teams** provide expertise to support local providers, patients and families in the coordination and delivery of care. Teams have standardized care but vary based on capabilities based on regional/local characteristics.
- **Build capacity in Local teams** – comprised of enhanced My Health Teams, primary care, nurses, NPs, paramedics, PCH, and home care – to support palliative patients and their families, regardless of setting
  - Standardized EMS protocols for patients with known Advanced Care Plans, including administration of medications
- **Provincial clinical governance network** that supports the establishment of standards and expectations, provincial education and system planning
  - Collaborate with CCMB to support earlier palliative care discussion with cancer patients and guidance to providers to facilitate this effectively
- Enhanced use **of virtual tools** to bridge Network levels and support consistent communication across providers, families and patients



Service standards and provider roles | Palliative Care

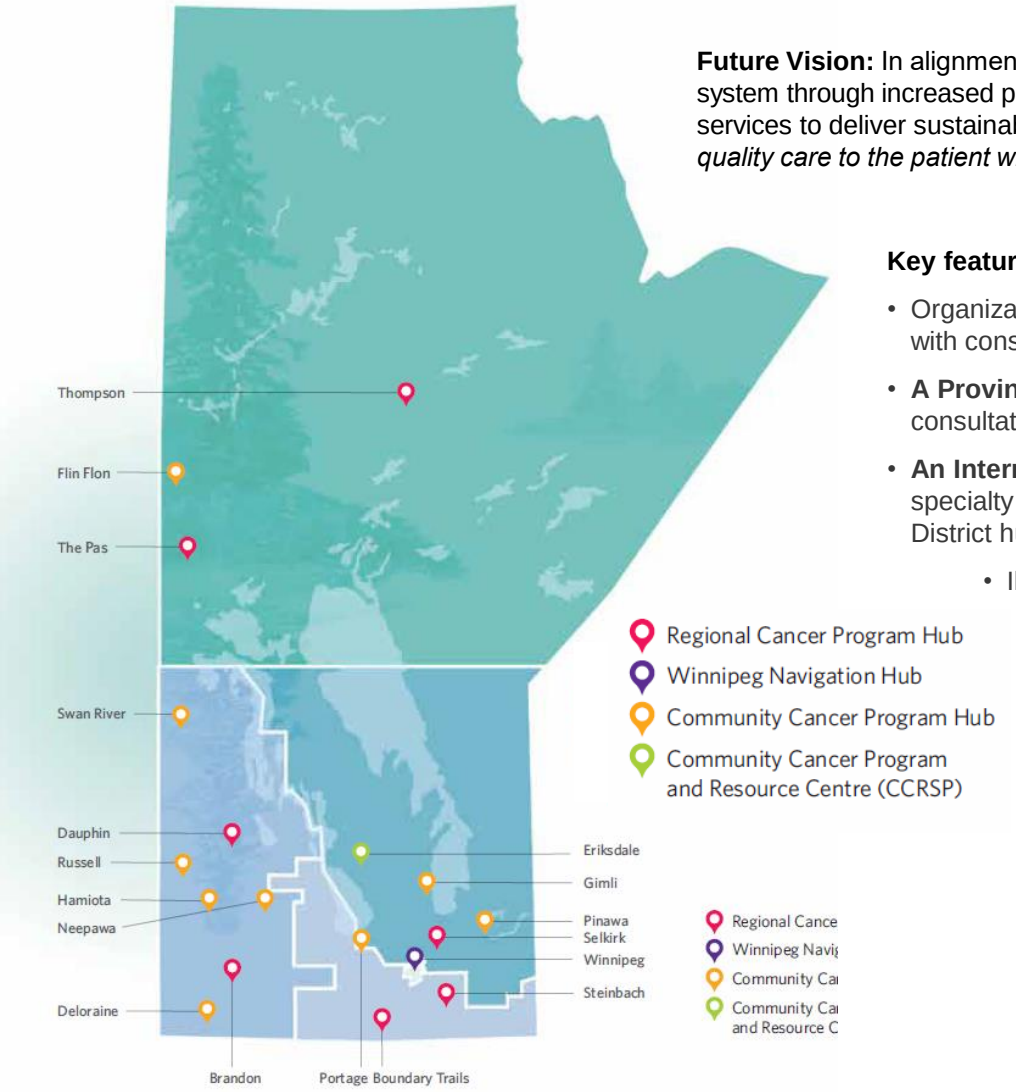
	Service standards	Provider roles

Provincial Referral Hub	• Centralized access (e.g., eConsult) to support practitioners throughout the Network
	  • Standardized pathways, tools and templates for referrals available on Shared Health website
	  • Weekly telehealth clinic to support virtual visits with providers and their patients
	  • Ability to access patients' Advanced Care Plans
	• Enhanced psychosocial capabilities, including family assessments
	• Clinical Governance Network sets provincial standards, informs HHR planning, scales up regional models to whole province, and monitors outcomes
	  • Evidenced-based principles established from national standards or (i.e., Canadian Hospice Network) or other jurisdictions
	• Provincial database to monitor outcomes
		• Dedicated multidisciplinary team with specialized palliative care expertise to support health professionals and families with advice 24/7
		• Provincial education program to advance culture and competencies of palliative care among providers
		  • Dedicated Lead to coordinate and support education across the Network
		  • Regular virtual Palliative care rounds to present interesting cases and educational topics in key areas
		  • Recordings available on Shared Health website

District Health Hub	• Enhanced psychosocial capabilities, including family assessments • Alternate models for Hospice to best meet the patients' needs, including co-location with existing entities • Build palliative care home care services (HCA, SLP, OT, Dietitian)	• Multidisciplinary teams, which may have different capabilities, that can support across District hubs and local teams • Physicians, NPs, RNs, Paramedics, etc.
Local	• Alternate models for Hospice to best meet the patients' needs, including co-location with existing entities • Build palliative care home care services (HCA, SLP, OT, Dietitian)	• Primary health providers, home care and paramedics provide support and care for patients and their families, regardless of setting

Enablers: Provincial education requirements for providers, consistent curriculum for all health care professional learners, changes to DPIN to reimburse appropriate treatment (i.e., patients still in active cancer treatment)

Model of care for Cancer Care



Future Vision: In alignment with CCMB's Operational Plan, Manitoba will enhance it's cancer system through increased provision of outpatient services and increased multi-disciplinary services to deliver sustainable evidence-based cancer services for all Manitobans. *"Bringing quality care to the patient where we can and where not, bringing the patient to quality care"*

Key features of the future vision include, but are not limited to:

- Organization of services for streamlined, appropriate access to available resources with consideration for volumes and geography
- **A Provincial hub** which provides highly specialized acute services and provincial consultation support (e.g., inpatient cancer care and treatment)
- **An Intermediate Referral Hubs** which provide support and access to greater specialty services closer to home and serve as a hub for nearby surrounding District hubs and **standardized pathways** to collaborate with the provincial hub
    - Illustrative capabilities: Radiation therapy, medical oncology,
- **Referral Hubs** with capability to manage lower acuity services
    - Illustrative capabilities: Systemic therapy, biopsy, inpatient care, system navigation
- **Local Services** provides primary and community services including screening and prevention
- **Provincial standardization** of levels of care, triage protocols, and pathways from initial point of contact (i.e., 911 call) to transfer protocols (i.e., by air and land), post-acute, and repatriation
- **Enhanced virtual access to consultations** to support capabilities at Intermediate and District hubs

Future state of the provincial network | Cancer Screening and Prevention

	Service standards
Provincial Referral Hub	• Provincial clinical leadership sets standards, tracks data and monitors quality, develops communication strategy and oversees asset management • Access to high risk screening programs for patients requiring early detection services • Manages assets • Creates province wide communication strategy • Advocates to Government for funding
Intermediate Referral Hub	• Access to high risk screening programs for patients requiring early detection services
	Provider roles

District Health Hub	**"Facilitators"**
	• Supports local care providers with next steps following a positive screen
	• Provides information and resources for care providers
	• Coordinates Community outreach to underserviced populations
	• Ensures accessibility
	• Manages assets including mammography unit, scope suites, CT, MRI
	• Coordinates/ Manages human resources
	  • Community opinion leader
	  • Refugee centre
	  • Public health
	  • FNIM community leaders
	  • Other health care professionals Nurses, social workers, etc.

Local	• Primary care provider is responsible for:
	  • Education on the importance of screening and how to access it
	  • Delivery of cervical screening including self-collection of HPV test
	  • Counselling and guidance
	  • Interpretation of data and results for patients
	  • Accountable for their performance
	  • "Opt out" or delay if appropriate (i.e., if a palliative patient was called for screening)
	  • Installation of EMR into their practices with recall prompts (move away from opportunistic screening)

Future state of the provincial network | Acute Cancer Care

	Acute Care – Service Standards & Provider Roles
Provincial Referral Hub	**Focus on urgent/emergent care and highly specialized care** • Provincial clinical governance network establishes standard pathways for diagnosis and treatment including a provincial surgical network to support quality measurement and improvement to reduce variation in care • Specialized resources for the treatment of high acuity patients including dedicated inpatient oncology care and treatment with access to inpatient palliative care, surgical oncology and rapid access to radiation therapy • 24/7 availability for consultation and navigation • Rapid diagnostic team to consult on patients with high complexity

Intermediate Referral Hub	**Capability to deliver care for those with moderate-high acuity**
	• Specialized resources for the treatment of moderate-high acuity patients, including:
	  • 24/7 Emergency Department
	  • Inpatient oncology care including medical oncology and hematology specialty services
	  • Radiation therapy
	  • Dedicated palliative care beds
	  • Fixed mammography
	  • IV chemotherapy for people on active treatment
	  • Diagnostic and biopsy capabilities
	• Navigation support for complex needs.
	• Surgical oncology including breast surgery

District Health Hub	**Capability to address lower acuity/complexity needs**
	• Key capabilities, including:
	  • 24/7 Emergency Department
	  • Low to moderate acuity inpatient services (e.g., symptom management; management of febrile neutropenia)
	  • IV chemotherapy and pharmacy admixture (e.g., CCP site)
	  • Ability to conduct biopsies and put in central lines
	  • Generalist resources for the treatment of low-moderate acuity patients
	• Navigational services for patients following positive screen or diagnosis

Local	**Capability to address prevention, screening & education** • Facilities have capabilities to do pump disconnects, symptom management, IVF and basic laboratory functions • Primary care teams, including enhanced My Health Teams, provide post acute follow up (including post-surgical) and management to proactively reduce risk of readmission/exacerbation including virtual consultation with provincial/intermediate specialists • Telehealth access to specialist consultation and follow-up • Generalist resources for the treatment of low acuity patients

Opportunities for innovative service delivery

Innovative service delivery and improved access to care can be achieved through digital technology, including associated information and technology requirements, as well as integrated support services including diagnostics, patient transport, Emergency Services, infrastructure and equipment. The table below highlights key elements for the Palliative Care PCT as they are unique to those outlined in the Provincial chapter.

Digital Health	• Increasing palliative care in the community will require the use of digital health tools such as virtual monitoring and virtual consults (for families and providers) • Initiatives such as Virtual Hospice provide a platform to increase information availability and standard assessment tools • Improved connectivity between information systems including laboratory information systems, CCMB information systems and provider and facility EMRs
Diagnostic Services	• District palliative care teams will require access to diagnostic services, including after-hours access when supporting patients in the community • Improved communication between diagnostic services and oncology providers including CCM on the planning and delivery of services
EMS/Patient Transport	• EMS and patient transfer protocols to align with new capabilities in the network model • As a result of an increase in palliative patients remaining in the community, EMS and patient transport teams will need standardized protocols for patients with known Advanced Care Plans, including administration of medications
Infrastructure and Equipment	• Future equipment requirements will need to align with provincial palliative care standards. In particular, home care teams may require investment for equipment to care for palliative patients in their homes • Pharmacy supports are critical to the delivery of systemic therapy therefore Community Cancer Program sites should be aligned with District Hubs and assessed for compliance with relevant standards (e.g., National Association of Pharmacy Regulation Authorities Standards)
Prevention	• A key role for the Provincial Clinical Governance will be the development of tools and resources to support increased use of Advanced Care Plans • Education and promotion for patients, families and care providers will support discussions on palliative care earlier in the care journey to be able to anticipate and plan for changes in health status and care needs as patients decline. • Development of tools and resources to support increased use of Advanced Care Plans • Alignment of prevention activities with CCMB, public health, RHAs and local providers

Opportunities for innovative service delivery

Key Performance Indicators have been outlined to assess the implementation of this model.

Key Performance Indicators

Palliative Care

1. Reduced inpatient days during last six months of life
2. Reduced ED visits by patients in palliative care program
3. Increased number of days registered in palliative care program (through increased upstream involvement)
4. Reduced PCH transfers to ED in last month of palliation
5. Reduced PCH deaths in acute care

Cancer Care

1. Increase in screening rate for NRHA residents
2. Reduced time from suspicion of cancer to diagnosis and diagnosis to treatment
3. Reduction in rate of late-stage diagnoses
4. Shortened LOS of oncology inpatients
5. Increased compliance with surgical oncology standards