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Laying the Groundwork for Oncology Evaluation and Treatment Centres

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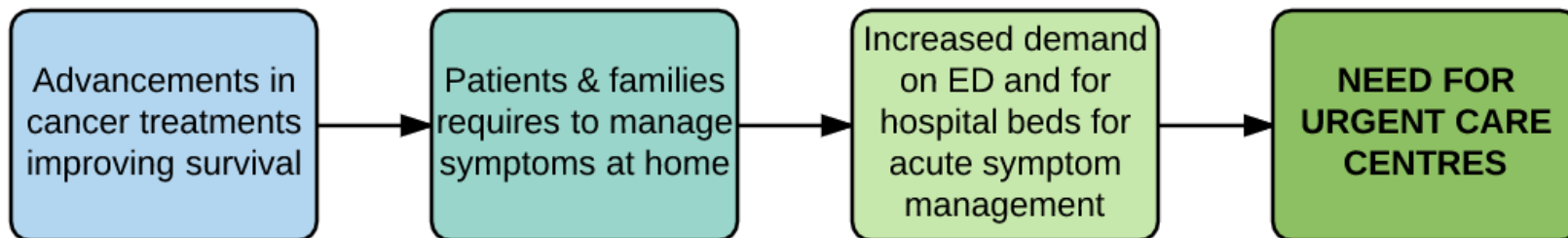
Outline

- Project background
- Project overview and current status
- Challenges & considerations
- Baseline ED data for cancer-related visits

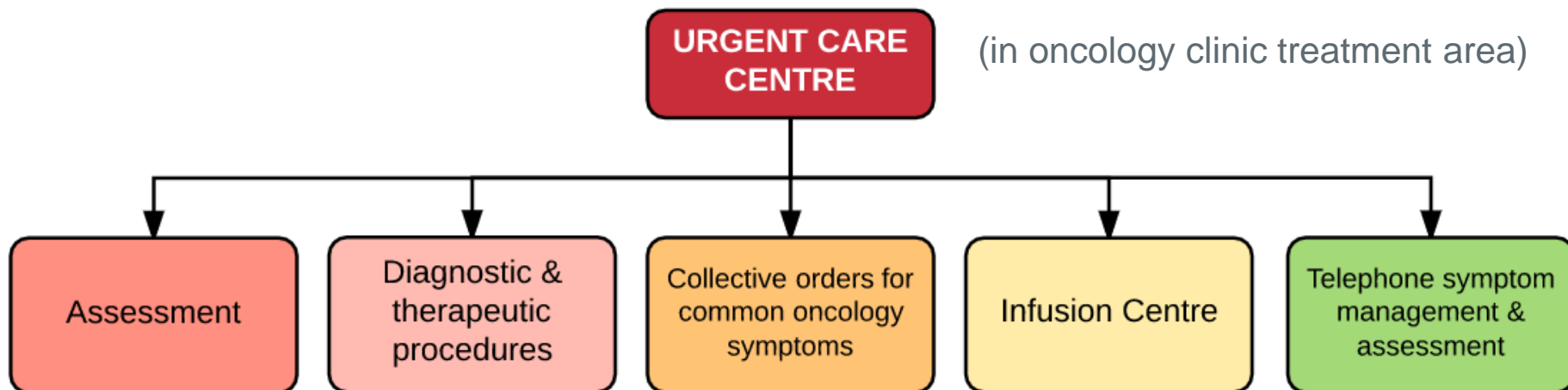


Project Background

- Current context in cancer care:

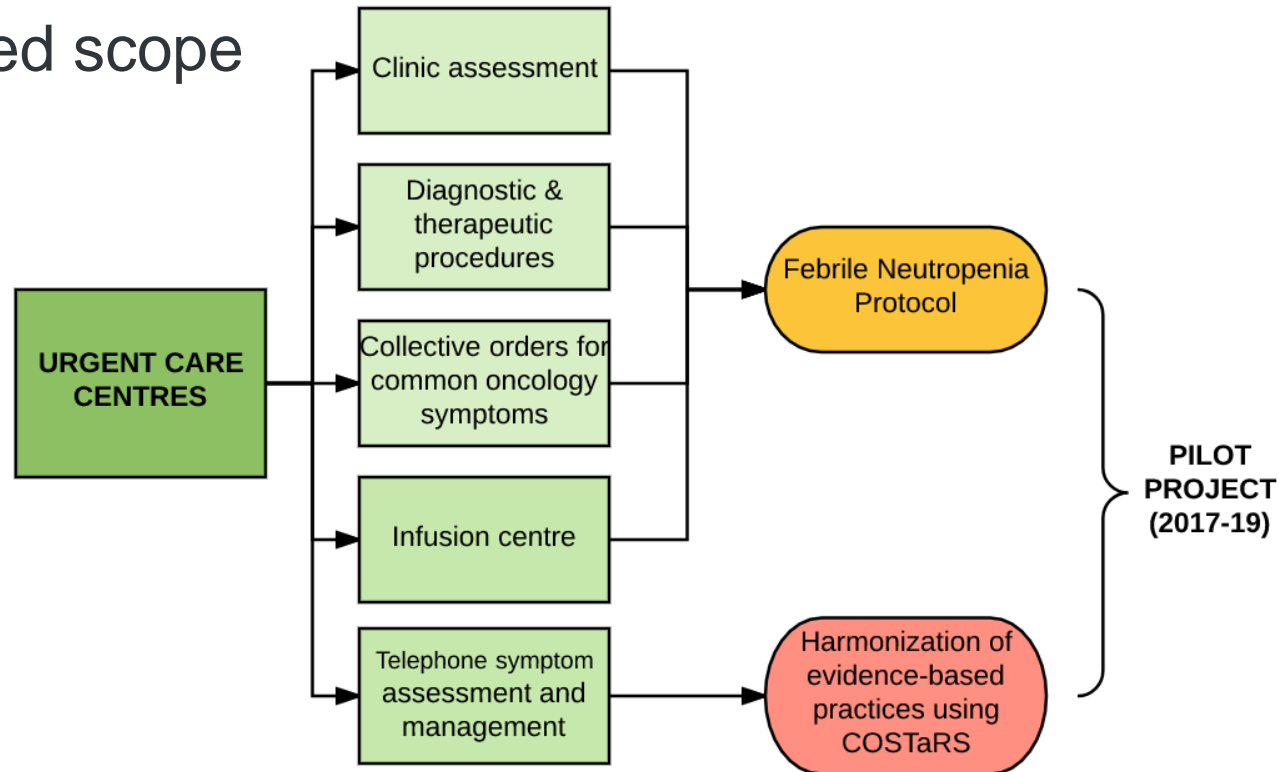


- What is an **Oncology Urgent Care Centre**?



Project Background & Overview

- **2016:** RCN QI² Feasibility study on implementing Urgent Care centres in RCN hospitals
- **2017-19:** Targeted scope pilot project:



- **2019+ (planned):** Full operationalization of Urgent Care Centres





Febrile neutropenia treatment pathway

- **WHY?**

- Patients are currently advised to go to the ED for fever/suspected febrile neutropenia:

21% of cancer-related ED visits across RCN hospitals (2016-17)

- Evidence-based guidelines clearly outline a risk stratification for febrile neutropenic patient that allows for an **outpatient treatment pathway**

- **PROJECT INTERVENTION**

- Development of an **interdisciplinary, cross-departmental** treatment protocol for febrile neutropenia:

NURSING – EMERGENCY – INFECTIOUS DISEASE – PHARMACY – ONCOLOGY/HEMATOLOGY

- Patients assessed at **low-risk for complications** will be seen at the Urgent Care Centre and sent home on oral antibiotics with a coordinated follow ups and care plan





Telephone symptom management

- **WHY?**

- **50% of emergency department** visits could be replaced by remote symptom management interventions (Systematic literature review by Vandyk, Harrison, Macartney, Ross-White & Stacey, 2012)
- While evidence-based symptom practice guides exist, remote symptom management is not consistent across the RCN

- **PROJECT INTERVENTION**

- Training cancer centre nursing staff on **COSTaRS symptom practice guides**
- Implementing **clear policies and directives** for use
- Creating **work tools** to structure and optimize telephone triage practices






Current status

Febrile Neutropenia Protocol Draft

- Next steps:
 - Interdisciplinary content validation
 - Site-specific approvals
 - Training
 - Implementation

Remote Symptom Management

- Clinical symptom management training 
- Next steps:
 - Tool development
 - Marketing and launch of symptom management service (JGH, SMHC)

Evaluation of baseline data

- Extraction of data from RCN sites and analysis 



Evaluation: baseline data

ED data was extracted from all sites according to a predetermined format (for uniformity) (2016-17)

Patient cohort: active IV chemo <30 days

3044 cancer-related visits

40% during clinic hours

avg LOS 24hrs



Visits resulting in a direct discharge were mapped to COSTaRS and other common oncology symptoms

1624 potentially-preventable visits

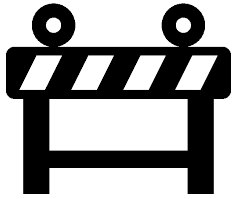
68% CTAS 3-5

Baseline data analysis

Potentially-preventable ED visits: Symptom distribution (N=1624)

Fever and/or Neutropenia ★	19%	Bleeding ★	3%
Difficulty breathing/dyspnea ★	10%	Skin Reactions ★	6%
Pain ★	17%	Urinary or gynecological disturbances	4%
Fatigue ★ / general weakness	9%	Oral care (mouth sores) ★	1%
Blood chemistry imbalances/Abnormal lab values	5%	Appetite Loss ★	<1%
Diarrhea/constipation ★	4%	Anxiety ★	<1%
Other / Unknown	2%	Depression ★	<1%
Nausea/Vomiting ★	3%	Neuropathy ★	<1%
Need to talk to HCP	4%	Sleep Problems ★	<1%

★ Denotes symptoms from COSTaRS symptom guides



Challenges & Considerations

- Hours of service: M-F daytime
- Language barriers with allophone patients for remote assessment;
- Information technology challenges;
- Impact of standardized symptom management practices on nursing workload (such as delays in returning phone calls to patients, length of remote assessments, and documentation requirements);
- Unpredictable patient volume: space and staffing implications;
- Patient and healthcare provider education and sensitization to new processes/protocols;
- Establishing treatment corridors with community health establishments for outpatient treatment of febrile neutropenia (for hospitals members of a CIUSSS);
- Medical coverage in oncology clinics for febrile neutropenia clinical risk assessment;
- Future nurse practitioner role in oncology urgent care clinics?





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Thank you!

