Réseau de cancérologie Rossy

Rossy Cancer Network

Laying the groundwork for Oncology Evaluation and Treatment Centres at the Rossy Cancer Network

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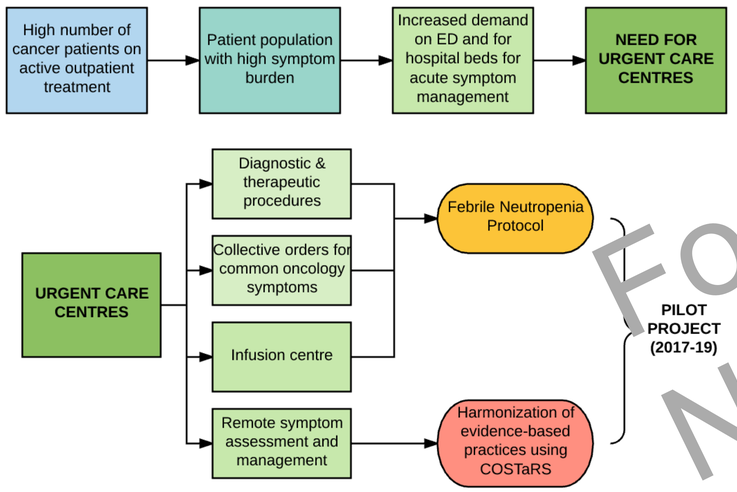
INTRODUCTION

Subsequent to a Rossy Cancer Network QI[2] feasibility study (2016), oncology nursing representatives at the Jewish General Hospital, the McGill University Health Centre and Saint Mary's Hospital Center designed a two year pilot project aimed at setting the foundation for designated outpatient **Oncology Evaluation and Treatment Centres** (also known as Urgent Care Centres).

The pilot contains two subprojects: (1) developing and implementing an interdisciplinary clinical **protocol for the ambulatory management of febrile neutropenia**, and thereby creating a model for establishing collective orders for further common symptoms, and (2) structuring and harmonizing **remote symptom management and assessment** according to evidence-based practices.



OBJECTIVES

- Improve **access to care**: provide the right care, at the right place and at the right time
- Improve the **quality of care** by implementing evidence-based practices for managing symptoms remotely and treating febrile neutropenia in an outpatient setting
- Improve **coordination of care**
- Improve **patient experience**
- Optimize **health resource utilization** by enabling first-line specialized nursing assessments and remote and/or outpatient interventions as an alternative to hospital admissions and ED visits

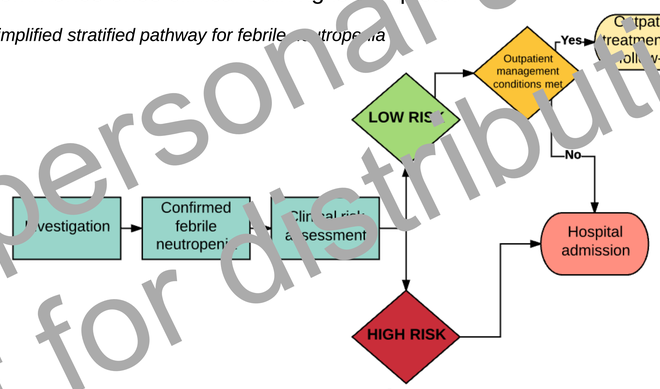
METHODS / INTERVENTIONS

Febrile neutropenia treatment pathway

Currently, standard practice for treatment of febrile neutropenia requires patient hospitalization. A comprehensive literature search was conducted to extract high level evidence regarding clinical risk stratification, treatment interventions, and conditions for outpatient care for febrile neutropenic patients. Guidelines were tailored to the RCN context and an algorithm for the stratified pathway was devised.

The protocol will be validated by designated clinical content specialists from the fields of emergency medicine, medical and haematological oncology, infectious disease, nursing, pharmacy and internal medicine and submitted for approval at each RCN site. Implementation will commence once clinical training is complete.

Simplified stratified pathway for febrile neutropenia



Remote symptom management and assessment

Through restructuring and reinforcing telephone triage and symptom management, patients will have access to a first-line interaction with a qualified nurse who will assess the severity of acute oncology-related symptoms or treatment side effects using standardized practice guides (Pan-Canadian Oncology Symptom Triage and Remote Support – COSTaRS, Ottawa Hospital Research Institute & University of Ottawa), recommend appropriate interventions (including teaching, scheduling of medical appointments/tests, prescribing treatment regimens, and where necessary, referring the patient to the emergency department), and conduct follow-ups.

In order to maximize the efficiency of remote symptom management program at the RCN, a thorough analysis of baseline processes was conducted. Based on feedback from nursing surveys, clinical and work tools are being developed to facilitate the new process. Over 80 nurses across the RCN received training on the latest edition of the COSTaRS practice guides.

PATIENT AND HEALTH SYSTEM IMPACT

Patient impact of the project will be assessed in year 2 of the project:

- Trend in the number of oncology-related potentially preventable** visits to the Emergency Department;
- Periodic measurement of remote symptom management and resulting patient trajectory;
- Periodic measurement of the number of patients treated as outpatients according to the febrile neutropenia pathway;
- Measurement of the number of hospital admissions and average length of stay for febrile neutropenic patients;
- Patient experience measures: surveys to patients having used the remote symptom management service, and to patients having undergone outpatient treatment for febrile neutropenia;
- Clinician satisfaction measures for both subprojects.

RCN-WIDE BASELINE RESULTS (2016-17)

Cohort: Patients on active chemotherapy treatment (<30 days since last treatment)

3044 cancer-related ED visits → **24 hours** average ED LOS → **1624** potentially preventable visits**

40% During clinic hours

68% ED CTAS 3-5

TOP REASONS FOR POTENTIALLY-PREVENTABLE ED VISITS

Fever – 19% • Pain – 17% • Difficulty breathing – 10% • Weakness/fatigue – 9% • Skin reactions – 6% • Bowel care – 4%

***Visits resulting in a direct discharge from ED relating to the following common oncology symptoms as per COSTaRS: nausea/vomiting, difficulty breathing, pain, fatigue, diarrhea/constipation, bleeding, skin reactions, oral care, appetite loss, anxiety, depression, neuropathy, sleep problems, fever/neutropenia. Also included visits resulting in discharge for the following reasons: abnormal lab values and needed to talk to healthcare professional.*

IMPORTANT CONSIDERATIONS

- Language barriers with allophone patients for remote assessment;
- 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: nurse-patient ratio 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.