Oncology Urgent Care Centres at the Rossy Cancer Network
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INTRODUCTION

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

Top Reasons for Potentially Preventable ED Visits (FY’16-17): Fever – 19%  Diarrhea – 11%  Difficulty breathing – 10%  Skin reactions – 6%  Weakness / fatigue – 6%

The pilot contains: (A) developing and implementing a clinical protocol for febrile neutropenia, thereby creating a model for establishing collective orders for further common symptoms, (B) structuring telephone symptom management and assessment according to evidence-based practices, and (C) establishing a structured drop-in urgent care centre.

RESULTS TO DATE

Fig 4: “I am confident in my ability to assess, triage, and guide patients in self-care” N=20

• HCP roles and processes (such as triaging) in the centre are measured
• Impact on system is measured

Fig 5: “I am confident in my ability to assess, triage, and guide patients in self-care” N=30

• Protocols for moderate and high risk febrile neutropenia are implemented

Fig 6: How satisfied were you with the Hotline? N=20

• Protocols for other common symptoms are developed and implemented

Fig 7: Would you use the line in the future? N=96

• Awareness and education materials were introduced

Fig 8: JGH Symptom Hotline Dashboard (Feb-Jul 2018)

• Over 80 nurses who have used the hotline (N=30) had an average satisfaction of 4.1 / 5, and 94% of respondents (N=96) would use the hotline in the future

OBJECTIVES

- Improve access to care: right care, at the right place & at the right time
- Improve the quality of care: implementing evidence-based practices for managing symptoms remotely and treating febrile neutropenia in an outpatient setting
- Improve coordination of care: oncology experts can provide care to patients through the telephone line and the urgent care centre
- Improve patient experience through the use of telephone symptom management
- 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

METHODOLOGY

A FEBRILE NEUTROPENIA PROTOCOL

A comprehensive literature search was conducted and guidelines were tailored to the RCN context, creating protocols, collective orders, and pre-printed orders for the Emergency Department and Outpatient settings.

Drafts for Suspected and Low Risk febrile neutropenia have been reviewed by clinical content specialists including ED nurses and physicians, infectious disease, pharmacy, outpatient clinic nurses and physicians. They will be submitted for approval at each RCN site, and implementation will commence once clinical training is complete.

B TELEPHONE SYMPTOM MANAGEMENT

Following thorough analysis of telephone triage processes at each site, the following actions were taken:

- Nurses were trained to assess and recommend interventions for oncology-related symptoms or treatment side effects using standardized guides (Pan-Canadian Oncology Symptom Triage and Remote Support – COSTaRS, Ottawa Hospital Research Institute & University of Ottawa)
- Awareness and education materials were created to increase the use of the hotline at each hospital
- Prototypes for a COSTaRS-based electronic application are being developed by UHN Techna

C URGENT CARE CENTRE

Equipment, space layout, process, and staffing preparations are taking place for the urgent care centres at each hospital to be open to patients in 2019. One of the main streams of entry for the centres will be recommendations from the telephone symptom management line.

MOVING FORWARD

- Quality of care for febrile neutropenia is measured
- Protocol for High Risk Febrile Neutropenia are implemented
- COSTaRS-based system is live
- System is analyzed (eg. preventable ED visits and patient satisfaction)
- 24/7 nurse led telephone triage
- Time to call patient is optimized