Réseau de cancérologie Rossy | Rossy Cancer Network

Oncology Urgent Care Centres at the Rossy Cancer Network

Erin Cook, Lucie Tardif, Maya Jeanty, Nathalie Aubin, Gino Curadeau, Rose-Stacy Devalice, Rocio Laredo, Myriam Skrutkowski

INTRODUCTION

After a Rossy Cancer Network QI[2] 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).

High number of cancer patients with high symptom burden → Majority of patients treated in ambulatory setting → Increased demand on ED and for hospital beds for acute Sx management → Need for Urgent Care Centres

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

Fig 1: Need for Urgent Care Centres and top reasons for potentially preventable ED Visits

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.

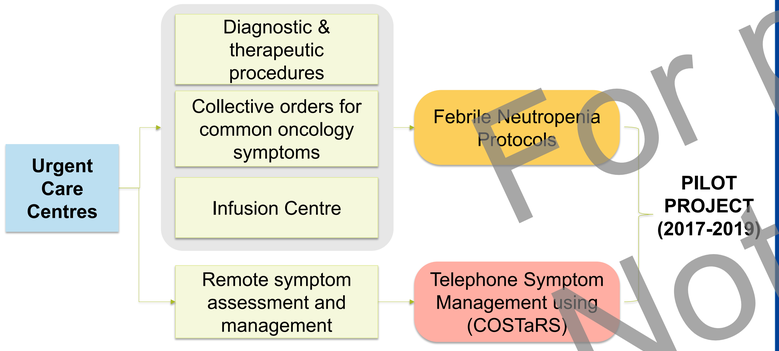


Fig 2: Pilot project components

OBJECTIVES

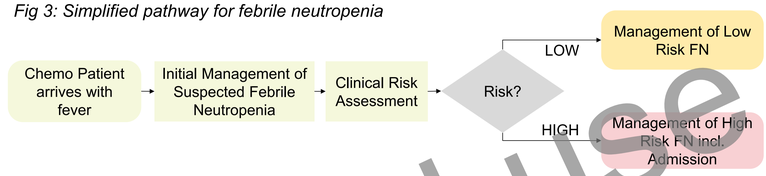
- Improve **access to care**: right care, at the right place & at the right time
- Improve the **quality of care:** implementing evidence-based practices for managing symptoms remotely and treating febrile neutropenia in an outpatient setting
- Improve **coordination of care:** oncology experts can provide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

Fig 3: Simplified pathway for febrile neutropenia



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

A

B

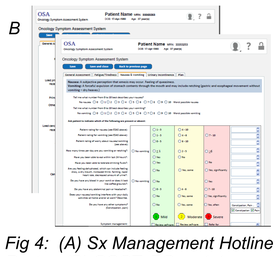


Fig 4: (A) Sx Management Hotline Poster, (B) COSTaRS prototype

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.

RESULTS TO DATE

Fig 5: "I am confident in my ability to assess, triage, and guide patients in self-care" N=20

Over 80 nurses across the RCN were trained in COSTaRS Telephone Symptom Management

"I liked learning how to assess symptom severities and what to do in each case over the phone", **SMHC nurse**

Fig 6: How satisfied were you with the Hotline? N=30

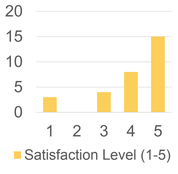
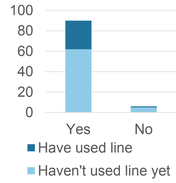


Fig 7: Would you use the line in the future? N=96



"Thank you, we don't feel so alone against this maladie", **JGH patient**

Patients 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

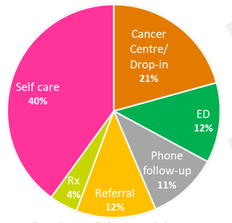
Avg. **4.5 calls** / day
Total calls: **531**
No. patients: **311**

Avg. Call Duration **10 mins**

Avg. Time to Patient Callback **127 mins**

Reasons for call

Other	44%
Fever	11%
Pain	11%
Bowel Care	11%
Nausea	9%
General weakness	7%
Dyspnea, Urinary disturbances, Bleeding	7%



Patient Disposition

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

Successes:
- ~21% of callers go to the cancer centre to see a HCP (who may have gone to the ED without the line)

Areas for improvement:
- Further education to increase awareness and use of hotline
- Reduce time to call-back

MOVING FORWARD

	SHORT TERM (< 3 months)	MEDIUM TERM (3 – 9 months)	LONG TERM (> 9 months)
A FEBRILE NEUTRIOENIA PROTOCOLS	• Protocols for Suspected and Low Risk Febrile Neutropenia are implemented	• Quality of care for febrile neutropenia is measured • Protocol for High Risk Febrile Neutropenia are implemented	• Protocols for other common symptoms are developed and implemented
B TELEPHONE SYMPTOM MANAGEMENT	• Create culture for patients to call early on when they experience symptoms • Electronic COSTaRS-based system is developed and tested	• COSTaRS-based system is live • Impact on system is analyzed (eg. preventable ED visits and patient satisfaction)	• 24/7 nurse led telephone triage • Time to call patient back is optimized
C URGENT CARE CENTRE	• Centre is staffed and open to patients (JGH) • HCP roles and processes (such as triaging) in the centre are discussed	• Centre is staffed and open to patients (SMHC, MUHC) • Create service corridors to facilitate institutional processes for rapid access to services	• Collaboration with other departments is established (eg. procedure room available to medical team)

McGill | Centre universitaire de santé McGill – McGill University Health Centre | Hôpital général juif – Jewish General Hospital | Centre hospitalier de St. Mary – St. Mary's Hospital Center