Rapid Unscheduled Haematology and Oncology Assessment at the Edinburgh Cancer Centre

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Aim

Following evaluation of the Oncology Assessment Area (OAA) within an Oncology ward at the Edinburgh Cancer Centre a new dedicated facility was launched at the end of 2013. The aim of the service is to provide rapid assessment by specialist clinical staff, ensuring provision of timely clinical decision making for patients with complications relating to their cancer treatment or disease in a safe dedicated clinical area.

Objectives

1. Provide provision for standardised and equitable unscheduled care.
2. Replace “admit to assess” with a timely “assess to admit” model of care.
3. Improve patient experience.
4. Embed the Cancer Treatment Helpline (CTH) within an established service.
5. Develop a robust follow-up service for patients assessed but who do not need admission.
6. Provide an elective day case facility for non immediate intervention and prevent inpatient admission.
7. Improve communication with clinical teams by documenting patient outcomes.

Unscheduled:
- CTH
- Via emergency on-call process, e.g. from GP, hospital to hospital referral
- Daycare and out patient services
- Specialist nurse service.

Scheduled:
- Day case intervention, e.g. Blood transfusion
- Ambulatory investigation and treatment.

Facility

The facility is open 7 days, 9am-9pm, accommodating trolley bays, isolation rooms and a procedure room. It is supported by a dedicated multi disciplinary team; nurses, doctors, administration staff and pharmacists.

Discharge pathways to:
- Primary care
- Acute oncology nurse follow-up
- An elective procedure
- Ambulatory care
- Admission
- Other specialty.

Evaluation

Evaluation is measured through key performance indicators, table 1.

Table 1: Key performance indicators.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time gap till Ax by Doc/CNP (&lt;1hr)</td>
</tr>
<tr>
<td>2</td>
<td>Time gap till review by mid-grade medic (&lt;6hr)</td>
</tr>
<tr>
<td>3</td>
<td>Time gap till review by Con (&lt;24hr)</td>
</tr>
<tr>
<td>4</td>
<td>Adherence to pvc bundle</td>
</tr>
<tr>
<td>5</td>
<td>Nursing Observations commenced &lt;10 mins</td>
</tr>
<tr>
<td>6</td>
<td>If Neutropenic Septic, Antibiotic started &lt;1hr</td>
</tr>
<tr>
<td>7</td>
<td>Appropriate DVT prophylaxis considered</td>
</tr>
<tr>
<td>8</td>
<td>Adherence to CVAD ‘care bundle’</td>
</tr>
</tbody>
</table>

Conclusion

Expansion of OAA has been an innovative development allowing patients with unscheduled care needs to be assessed in a timely, safe and effective manner. CTH outcome data reports an indirect reduction in length of stay for patients (figure 4). Following evaluation opportunities for further service change and improvement have been identified which will continue the cycle of healthcare improvement for patients with cancer.