Implementing a Telephone Triage Service and Pre-Assessment Clinic for Oncology Patients

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Background

- 1 in 2 people will develop cancer during their lifetime (Cancer Research UK 2015)
- It is estimated that cancer rates will continue to rise over the next 20 years.
- Patients are receiving multiple lines of more complex therapies

Background

- Cancer care in medical oncology is mainly delivered on an outpatient basis
- Many people in the community are at risk of the side effects of treatment or progressive disease
- These can present as emergencies, requiring rapid assessment and decisions about the appropriate interventions

Oncology CNS: Integrated Oncology Care from diagnosis to discharge

Service Improvement Initiative application made to NMPDU for Acute oncology CNS

Aim of Service:

- Increase capacity for specialist patient assessment during operational hours to avoid potential admission

- Increase access for patients and families to specialist oncology nurse for:
  - Diagnosis information
  - Treatment and support management
  - End of life care planning
  - Bereavement support

Previous Issues

- High volume of calls received to inpatient and day ward services
- Not managed by one particular staff member
- No formal training or education in managing calls
- Time consuming

What is telephone triage?

- “ Safe, effective, and appropriate disposition of health related problems via telephone by experienced RNs using approved guidelines or protocols” (Wheeler 2009).

- Complex and vulnerable service

(Hansen and Hunskaar 2011).

Why do oncology services require telephone triage?

- Growing rates in incidences of cancer (NCRI 2014)
- Patients require support and advice regarding symptom management
- Reduces unnecessary visits to the ED
- Ability to identify potential oncological emergencies
- Cost effective (Wilson and Hubert 2002)


Why do Patients phone?
Nausea
Anxiety
Seizures
Vaccines
Falls
COVID
Sepsis
Vomiting
Diarrhoea/ Constipation
Pyrexia
CIPN
Pain
Mucositis
DVT/PE

Challenges of Phone Assessment

- Communication
- Majority of communication based on non verbal cues (60%)
  – Facial expressions, eye contact, gestures
- 33% based on the way words are spoken
  –Tone of voice / Pitch
- 7% of what is understood is taken from the words that are spoken

What was / is required to improve the service?

- 3 Key Elements
- Use of a triage tool / framework
- Staff Education
- Clear documentation of calls

Use of Framework for Assessment

- Risk assessment tool
- Standardises and supports practice
- Improves quality and patient care
- Ensures safe outcomes
- UKONS National Triage Guidelines (UKONS 2016)
- (NCCP Guidelines and introduction of AOS posts)

Education

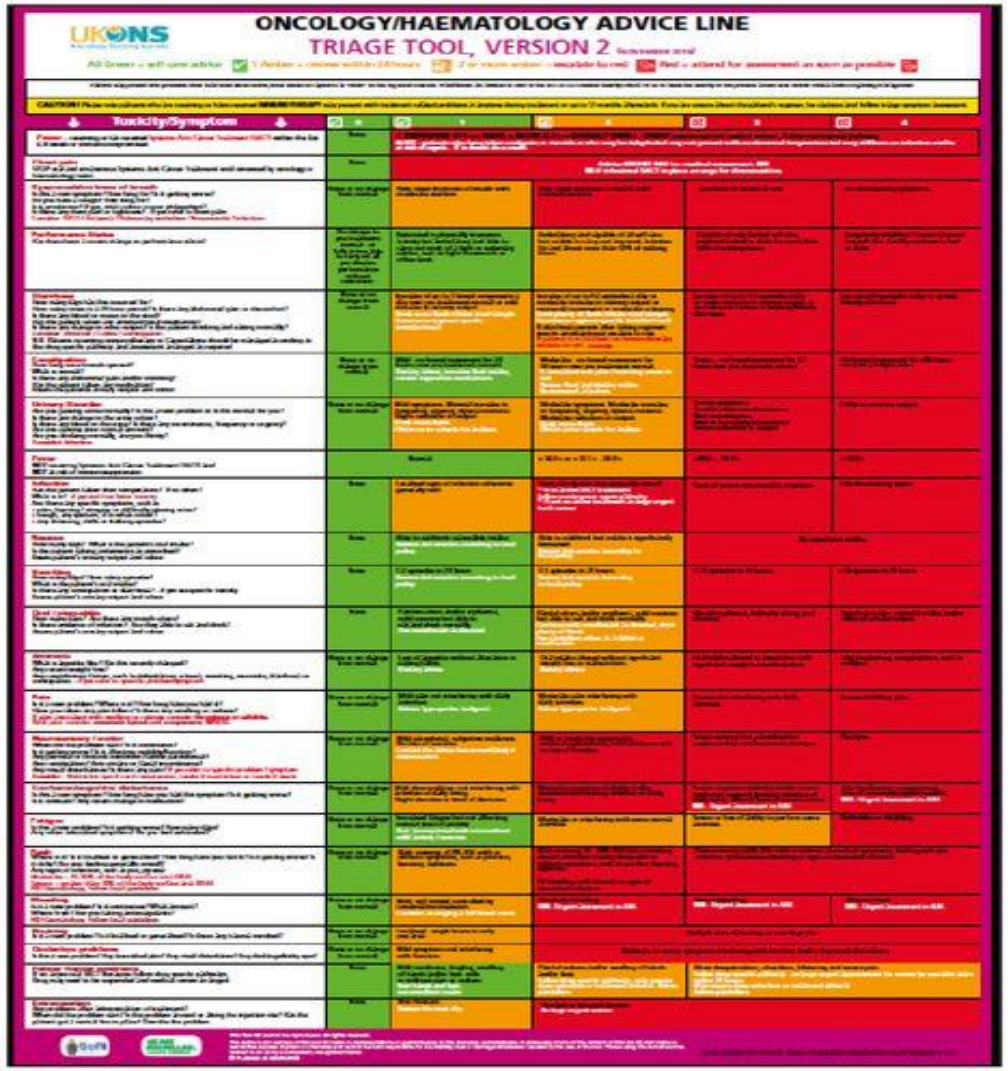
- Telephone triage is a sub speciality
- Staff training only provided in 45% of programmes (Stacey et al. 2007)
- Norwegian study – 12% under triaged, 18% over triaged (Hansen and Hunskaar 2011)
- Educational Presentations (Gleason et al. 2013)
- Role Play
- Case Scenarios
- Critical thinking exercises

Documentation

- Documentation of calls is essential
- Leads to continuity of care
- Can be electronic

- Causes of poor documentation?
- Lack of staff resources
- Unpredictable demand on workload (Flannery, Phillips and Lyons 2009)

- UKONS log sheet
- NCIS



The assessment tool will

- Determine “the patient’s level of risk“
- Prompt the practitioner with appropriate questions to ask, to gain information from the patient
- Provide a reliable guide to toxicity/problem grading
- Prioritise the level of urgency indicated by the presenting symptoms and will aid in identifying potential emergency situations.

Assessment tool

- **RED** – any toxicities graded here take priority and assessment should follow immediately
- **2 AMBER** – two or more amber toxicities should be escalated to red action and assessment should follow immediately

- **1 AMBER** – one toxicity in amber should be reviewed/ followed up within 24 hours and the caller should be instructed to call back if they continue to have concerns, or their condition deteriorates

- **All GREEN** – callers should be instructed to call back if they continue to have concerns or their condition deteriorates.

Day Oncology Activity

- High Volume of treatment visits

- 12,665 treatment appointments in 2021.
- 9,052 IV SACT
- 3,613 ORAL SACT

- SACT becoming more complex

- Frailty, comorbidities and aging populations result in more challenging management

Telephone Triage Activity

	2019 (6MTHS)	2020	2021	2022 (4 MTHS)
CALLS	469	1837	1350	399
ADVISED ED	86	121	104	40

Service Achievements

- 4055 calls in 34 months,
- 91.4% of calls managed without requiring ED presentation.
- Emergencies and critically unwell patients advised to attend ED for management

Pre-Assessment Clinic

Objectives of Pre-Assessment Clinic

- Ensure patients understand proposed treatment and potential S/E
- Answer questions (Many overwhelmed in OPD)
- Provide and explain prescriptions for supportive medications
- Address fertility / contraception
- Ensure baseline labs / test completed
- Assess if referrals needed for MDT
- Provide written information – contact details, appt card, supportive meds
- Promote telephone triage service

Benefits of Pre-Assessment Clinic

- Facilitates administration of SACT earlier in day – Safer
- Improves patient understanding of SACT process and self management
- Improves chance of ensuring pre meds have been taken
- Reduces length of day ward visit (COVID precautions)
- Less time required by day ward staff to provide education pre new treatment
- Identifies patients who might need follow up / require additional supports
- Highlights potential issues , opportunity to address health promotion – Smoking/ alcohol/ drug abuse / make every contact count

Pre-Assessment Considerations

- How is the patient currently managing / are they fit for treatment?
- Has their condition changed since OPD visit?

- Many patients do not read information provided in OPD
- Some have literacy issues
- May be frightened by list of potential side effects
- Opportunity to provide information in a way that best suits the patient
- Link with ICS education

Questions for assessment

- How are you managing at home?
- Are you on your own / is someone living nearby?
- Have you supports? Medical card / HCP
- How is your appetite? MST score
- How are your energy levels ? (Grade fatigue)
- Bowel pattern (issues with diarrhea / constipation/ hx of IBD / IBS / treatments used?)

Pre-Assessment Clinic Activity

	2019 (6 MTHS)	2020	2021	2022 (4 MTHS)
Patients Pre-Assessed	64	257	300	93

Challenges

- Unable to provide pre assessment to every patient.
- Selected based on complexity of SACT / medical / social circumstances
- COVID 19 Pandemic
- Space for patient assessment

The Future

- Development of this role to Advanced Practice Level – both Pre Assessment and Telephone Triage
- NCCP: Introduction of UKONS tool nationally
- NCIS: UKONS
- Integrate post permanently to continue to provide these services in the Medical Oncology Department

Conclusion

Side effects / toxicities identified earlier can be well managed

This reduces the risk of more severe toxicities that can result in serious negative outcomes for cancer patients