

Establishing Acute Oncology in the Queen Elizabeth University Hospital

Anne McKillop^{1,2,3} Jennifer MacDougall^{1,3}, Eleanor Kerr^{1,3}, Gill Calman^{1,3}, Pamela McArthur^{1,3}, Jennifer Brown^{1,2,3}, Sarah Slater^{1,2,3}, Elinor Ward^{1,3}, Cathy Hutchison² and Marie Pollock^{2,3}.

1. Queen Elizabeth University Hospital, 2. Beatson West of Scotland Cancer Centre 3. MacMillan Cancer Support

Background

Cancer patients are living longer, treatments are becoming increasingly complex. The 2008 **NCEPOD** and 2009 **NCAG** reports recommended Acute Oncology Services be implemented in all hospitals with A&E departments. Initial audit of attendances at the **QEUH** found that 6% of all unscheduled admissions had a previous cancer diagnosis, and 37% were within 6 weeks of cancer treatment. This demonstrated a clear unmet need, which was supported by staff and patient surveys, who felt the need for input from specialist oncology service.

The AOS Team

Four trainee Advanced Nurse Practitioners and three Consultant Oncologists (part time for AO); a full time auditor and team secretary. Funding for the majority of these posts was secured from MacMillan Cancer Support.

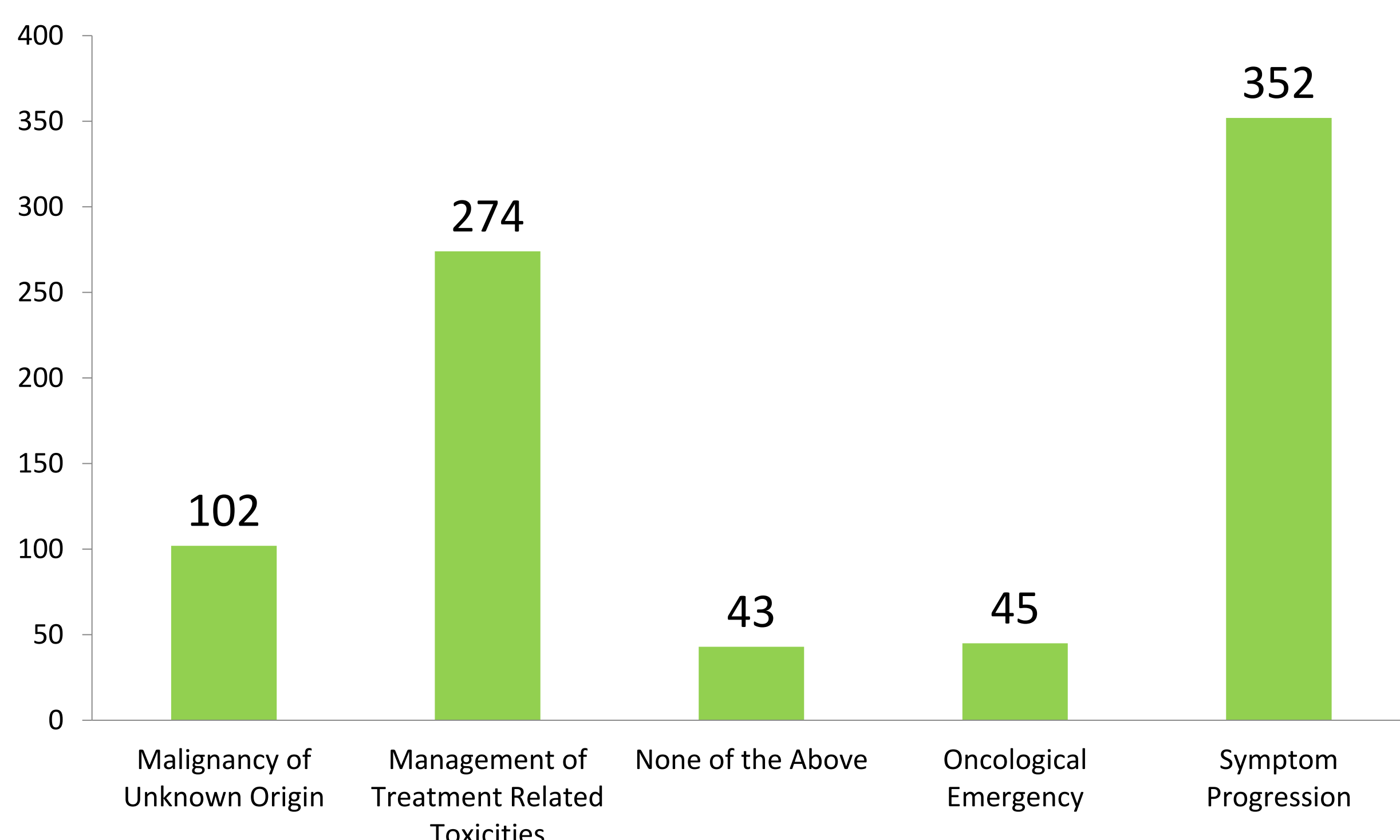
Key aims for the service

- To provide specialist oncology knowledge for cancer patients with an unscheduled admission.
- To arrange timely transfer of patients where appropriate.
- Early assessment of patient's fitness / performance status to guide appropriate treatment / management.
- To steer appropriate investigations / procedures in the diagnosis of patients with a suspected malignancy of unknown origin.

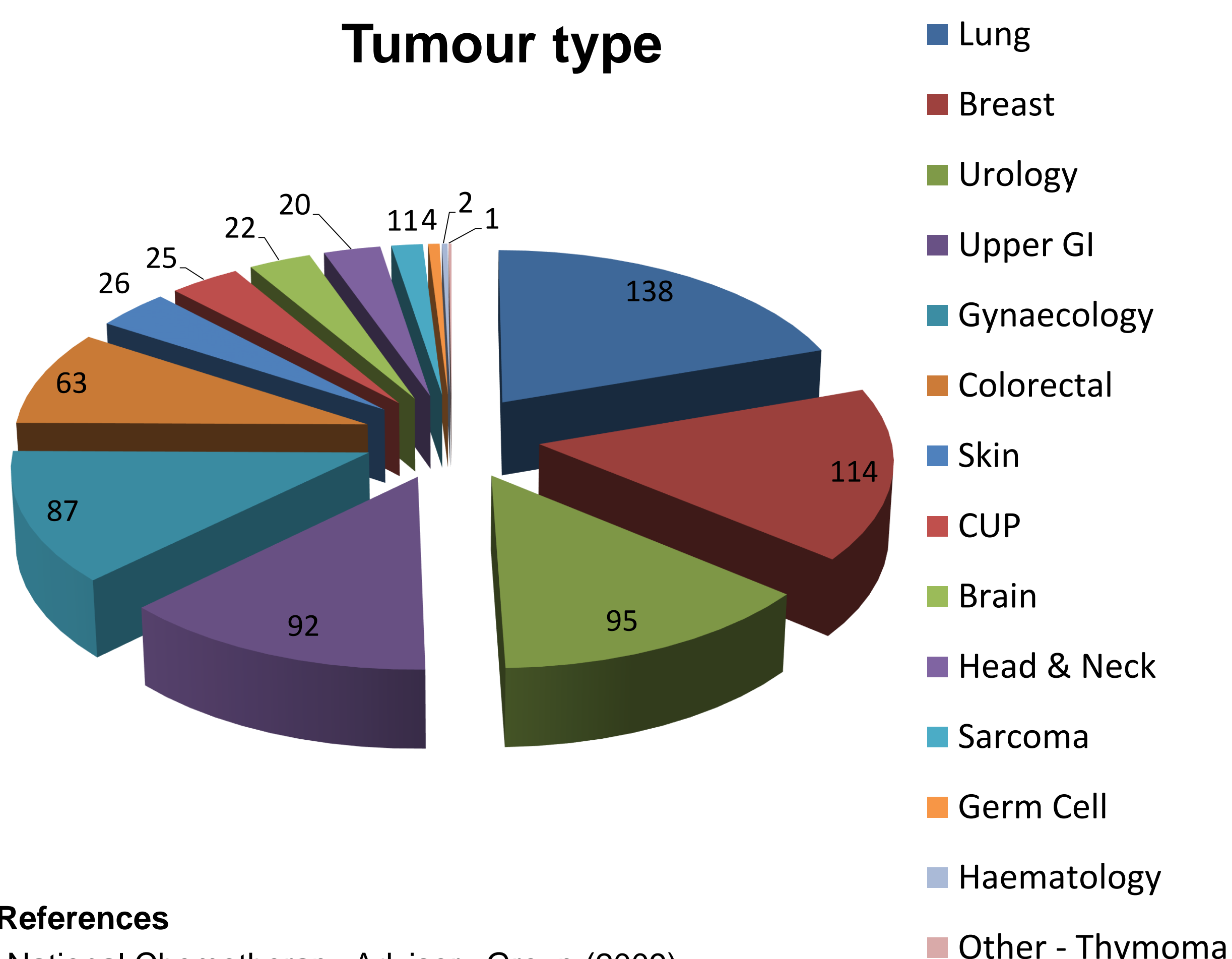
Referral Criteria

- Management of treatment related toxicity
- Oncological Emergency
- Symptomatic progression of known cancer
- Malignancy of unknown origin

Reason for referral



Tumour type



References

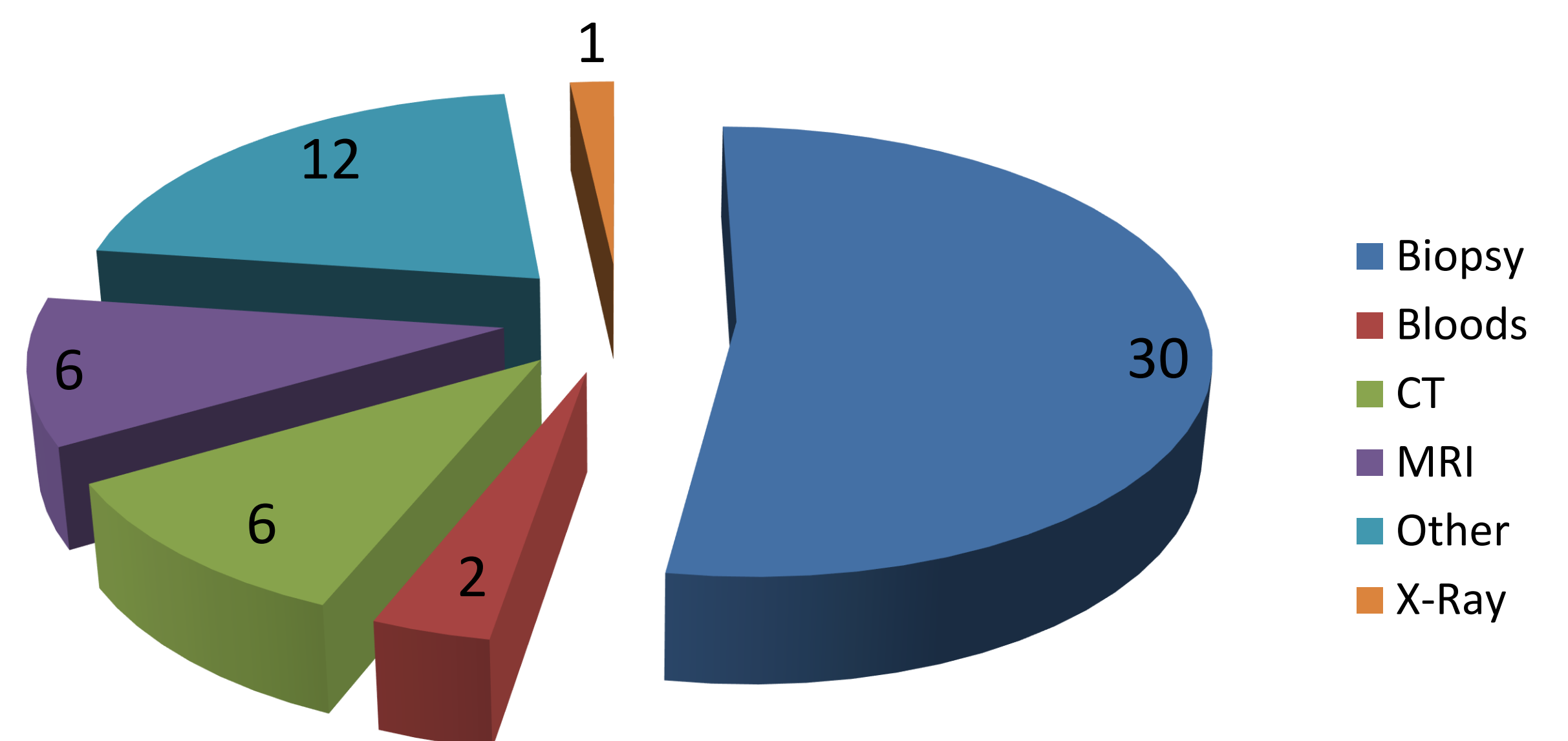
- National Chemotherapy Advisory Group (2009)
- Chemotherapy Services in England: Ensuring Quality & Safety
- NCEPOD (2008) For better, for worse? A review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy.
- QEUH Acute Oncology Audit (2016) Patients with Cancer or Suspected Cancer Presenting at QEUH as Emergency/Unscheduled Attendances in February 2016

Methods

- A full time auditor was appointed to allow prospective evaluation of the service. Audit forms were designed to collect data on numbers of patients seen, length of stay, and acute oncology interventions

What were our challenges?

- Raising the profile of the service across a large hospital site incorporating many existing specialities.
- Enhancing the cancer patient's experience within the service of already established teams and pathways.
- Early recognition of treatment toxicities and the importance of early referral from front door services to inpatient wards.
- Setting up a Cancer of Unknown Primary Service.
- Ensuring effective communication between patients and their families along with service users.



Results

- 1291 patients were referred and seen, with a diverse group of cancer diagnoses.
- Reviewed 92% of patients within 24 hours.
- Patients had a wide range of diagnoses and the most common reason for referral was symptoms of progression.
- They were an older less fit population. 67% of patients were over 60 and 70% had a performance status of 2 or greater.
- Baseline audit of oncology contact showed 54 oncology contacts per month. AOS provided specialist oncology input to an average of 108 patients per month.
- Repeated staff survey's demonstrated that staff felt better supported and more easily able to get oncology advice.
- The average length of stay was reduced for patients within 6 weeks of treatment from 10 to 8 days.
- As a result of AOS input 57 investigations and procedures have been cancelled. Resulting in reduced burden of services and improved care for patients

Conclusions

- Implementing an acute oncology service at the QEUH has resulted in
- significantly increased numbers of oncology reviews.
- reduced length of stay for patients within 6 weeks of treatment,
- reduced unnecessary investigations.
- The service has improved joint working with acute teams and significantly improved patient care.

Future Plans

- Establish a working group to improve the malignant spinal cord pathway
- Establish the Cancer of Unknown Primary (CUP) Service
- Focus on improving management of neutropenic sepsis
- Plans are now in development to role to service out across the west of Scotland cancer network