Expansion of Acute Oncology Services at an Acute Tertiary Care Trust without inpatients oncology beds

King's College Hospital NHS Foundation Trust

Authors: Authors: Dr. Radha Selvaratnam, Sheea Parkinson, Grant Morgan, Massash Mansaray, Mark Rose, Irina Belun-Vieira

Introduction:

We are a tertiary care NHS Trust delivering acute and specialist care services. Despite the provision of specialist care, the Trust is not a designated cancer hospital, and without acute oncology inpatient beds.

The Acute Oncology Service (AOS) has utilised the acute medical team in the provision of cancer care at the front door as well as setting up a Malignancy of Unknown Origin (MUO) service and a Same Day Emergency Care (SDEC) pathway.

This has been achieved by recruitment of an acute medical consultant as an AOS lead and a review and restructure of the nursing workforce. This has resulted in an increase in AOS Clinical Nurse Specialists (CNS) and Advanced Clinical Practitioners (ACP) to support local care and facilitate ward rounds with visiting oncology consultants from cancer centre.

Aims, Objectives and Method

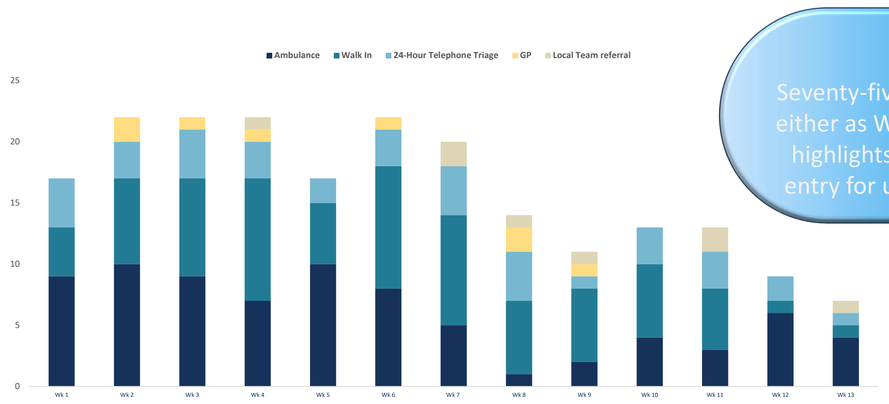
Expansion of AOS service has allowed to improve documentation and communication to parent oncology teams. Early discharge and reduction in length of stay for patient on MUO pathway from March 2024 to June 2024. That allowed the AOS-specific SDEC pathway from March 2024.

The AOS project group was set-up with main stakeholder Emergency Department (ED) and Acute Medicine (AM) and met every 2 weeks. The aims of the project were:

A) To establish a new 7-day referral service with ED
B) Agree working Standard Operating Procedure with Acute Medicine and AOS
C) Agree patient identification criteria for ambulatory care assessment at ED
D) Assess patients' experience.

Methods of evaluation:

1. Capturing and analysing all oncology presentations in ED
2. Extracting all cases suitable for SDEC pathway for twice-monthly discussion with project group for better understanding of selection criteria
3. Engaged with stake holders and agreed operation procedures based on 13 weeks of service implementation phase
4. Patient experience feedback.

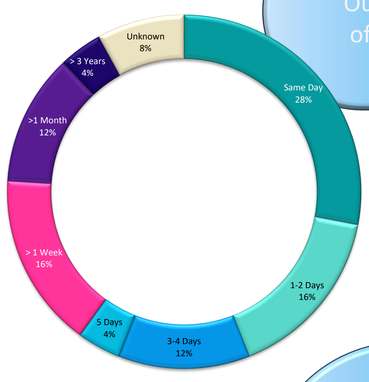


Routes of Presentation

Seventy-five percent of patients presented to the hospital either as Walk-in's or through the ambulance service, This highlights the predominant reliance on these modes of entry for urgent medical care among the cohort studied.

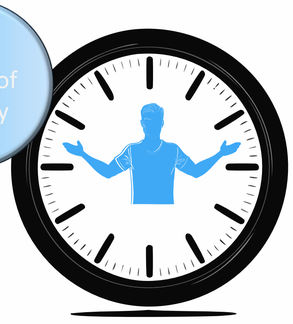
Symptom Awareness VS. Presentation Date

Out of 25 patients surveyed, 48% reported awareness of their symptoms for at least 3 days prior to seeking medical advice.



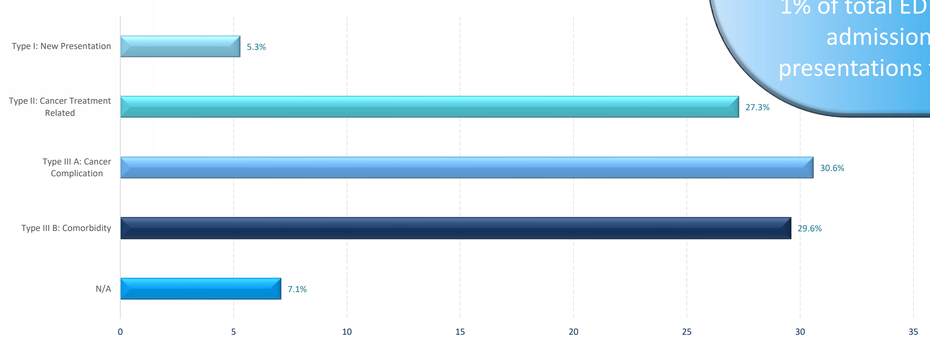
Hours of Presentation to ED

Sixty percent (60%) of patients presented to the ED outside of regular hours, indicating a substantial reliance on emergency services during out-of-hours periods.



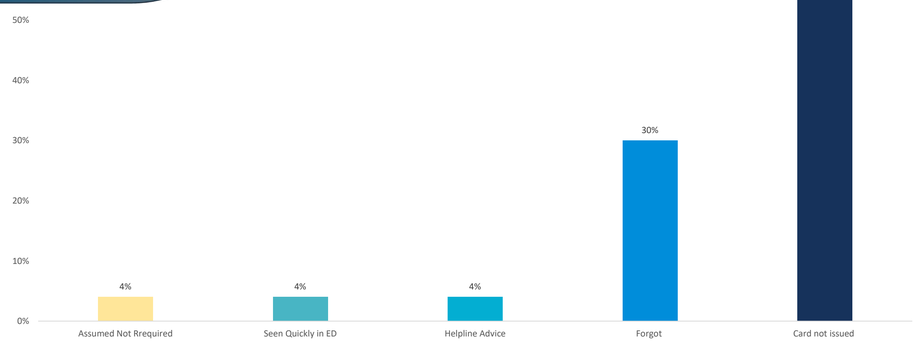
AOS Presentation by Type

The data reports that 27.3% of ED presentations were Type II presentations and 60.2% were type III presentations. Our Trust presentation rate of oncology patients to ED is 1% of total ED presentations but AOS conversion rate to admission is 75% compared to non-oncological presentations to ED which has a conversion rate of 19%.



Alert Card not Used on ED Presentation

Only a very small number of patients surveyed (8%), reported using the AOS Alert card on presentation to ED . The survey suggested that most patients attending ED reported not having been issued with an AOS alert Card.



The data indicates that 92% of patients did not utilize an AOS alert card when presenting to the Emergency Department.

Conclusion

A substantial majority of cancer patients delayed reporting symptoms for more than three days. Despite the relatively low number of oncology patients attending the Emergency Department (ED), a significant proportion required inpatient admission. Furthermore, findings indicate that these patients often present in a more acutely unwell state, highlighting the need for encouraging patients to seek early advice to prevent symptom exacerbation and facilitate referral to alternative assessment pathways outside of the ED. Reinforcing the use of the Acute Oncology Service (AOS) alert card is recommended to expedite assessments and treatment processes.

The Initial Data Has Highlighted:

1. The need for a 7-day AOS nursing team cover to match the SDEC provision.
2. The need to invest in teaching, training and sign-post ED and Acute medical teams in accessing appropriate pathways to provide timely cancer care around the clock.
3. A separate pilot to improve early identification and presentation of patients to reduce avoidable admission.

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