# An Oncology Symptom Treatment Area Hits the Mark

BY PAULA GOFF, MSN, OCN, BMTCN

# *Improving care while reducing ER visits and hospital admissions*

Oncology patients are a high-risk population with predictable—often severe—side effects that increase the risk of hospital admissions and emergency department (ED) visits. Though side effects from chemotherapy are well managed in the physician practice setting, it can be challenging to meet patient needs outside of traditional office hours. Advocate-Aurora Lutheran General Hospital's physician practices are open 9:00 am-5:00 pm, Monday through Friday. This meant that patients who experienced side effects from chemotherapy after hours would often wait at home through the night and call the provider the next business day, hoping to be seen. Unfortunately, physician practices often have full schedules and are sometimes unable to accommodate such patients, leaving them no choice but to go to the ED.

From both the patient and provider perspectives this scenario is not optimal. Research has shown that nearly 60 percent of patients with cancer who visited EDs were admitted to the hospital with an average length of stay of three days.[1] To better meet the needs of patients and as part of efforts to reduce healthcare costs, Advocate-Aurora Lutheran General Hospital partnered with two private practices to increase patient access to much-needed services when physician practices were closed. Here's our story.

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## Getting Started

Lacking access to a 24-hour clinic, where could Advocate-Aurora Lutheran General Hospital direct its patients? In 2015 the hospital formed a planning team to answer this question, led by myself and Jon Richards, MD, president of Community Hematology Oncology Management Services. Other team members included Ashley Acuna, BSN, RN, OCN, BMTCN, Clinician IV, and Jane

It was decided that patients who experienced any of the following six symptoms could be treated in the oncology symptom management treatment area: nausea, dehydration, constipation, fever, pain, and diarrhea.

Kosirog-Glowacki Pharm-D, both from the hospital's Oncology-Stem Cell Transplant Unit.

Our team's main objective was to research the feasibility of treating patients in an unused space on the hospital's inpatient oncology unit. We envisioned using this space to implement an oncology symptom management treatment area where oncology certified inpatient nurses (OCNs) would assess, treat, and then discharge patients with cancer who needed to be seen outside of traditional office hours, avoiding the need to send these patients to the ED. Our team identified numerous benefits to an oncology symptom management treatment area, including the following:

- ***Improved care coordination.*** For patients who needed to be admitted to the hospital, the oncology symptom management treatment area would help ensure a smooth transition.
- ***Reduced patient wait times.***
- ***Streamlined processes.*** Because the OCNs staffing the oncology symptom management treatment area would have access to patient records, sick patients could avoid unnecessary paperwork and the burden of having to repeat their history to non-oncology providers.
- ***Improved care of immunocompromised patients.*** These patients could avoid exposure to infectious risk that is often associated with the ED.
- ***Fewer ED visits and hospital admissions.***
- ***Fewer unnecessary or duplicate labs and texts.*** Highly skilled OCNs could manage patients with cancer and their symptoms more efficiently than ED providers.

With a plan in place, our team engaged other key stakeholders, such as billing, finance, coding, bed coordination, the ED manager, registration, the IT department, and construction to bring the oncology symptom management treatment area to life.

## Planning Phase

The next step was minor modifications to the unused space that our team had identified as the home for the oncology symptom management treatment area; for example, installing three additional patient call lights and wiring them to the central call lights. Necessary equipment purchases included a desk for the OCN, three patient recliners, portable privacy dividers, three intravenous pumps, and a vitals sign machine. We converted a medication cart for supplies with a lock for security. After a fresh coat of paint and the addition of artwork to brighten up the space, the oncology symptom management treatment area was ready for use. (Because the space had once been used as a patient gym, a TV was already available to help patients and families pass the time more comfortably.)

Next, our team had to identify which patients would be treated in the oncology symptom management treatment area. It was decided that patients who experienced any of the following six symptoms could be treated in the oncology symptom management treatment area: nausea, dehydration, constipation, fever, pain, and diarrhea.

Our team developed order sets that gave the OCNs autonomy and standardization for patient safety. Dr. Richards created the order sets and presented them at the hematology oncology division meeting for approval and adoption. Ashley Acuna, the lead nurse who worked on this project, was critical to obtaining staff buy-in. She served as the conduit between staff and physicians during development of the order sets. Staff input was invaluable and their buy-in was key to ensuring a successful and safe implementation of the oncology symptom management treatment area. This quality improvement initiative was an excellent opportunity for a staff nurse to gain leadership experience without leaving the bedside. In fact, Ashley presented this project to the Clinical Career Advancement Board and achieved a nurse clinician IV status, which is considered "expert" status per the Patricia Benner nursing theory.[2]

In March 2015 our team mapped out workflow processes for the oncology symptom management treatment area. Figure 1, right, illustrates the patient care flow model implemented.

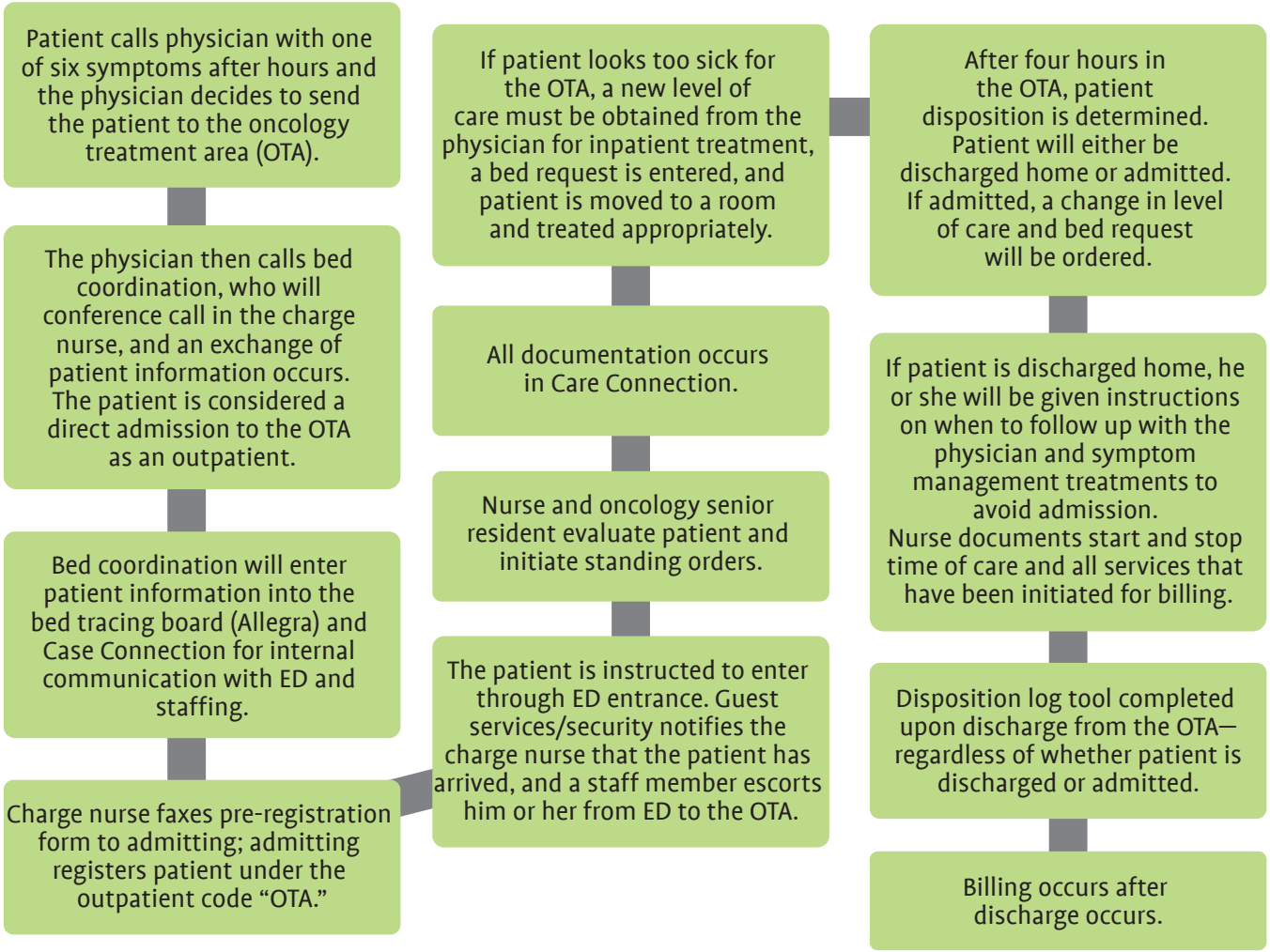
Next, we developed a communication plan to ensure that all hospital staff—from admitting to ED to physicians—understood the appropriate patients to send to the oncology symptom management treatment area and how to navigate these patients to the dedicated space within the inpatient unit.

Our team educated the billing department that patients seen at the oncology symptom management treatment area were considered and should be billed as outpatients—even though the oncology symptom management treatment area was physically located on the inpatient unit. A specific billing code was developed for the oncology symptom management treatment area so that we could easily track patients treated. We also used these data to ensure that the appropriate patients were being triaged, and not just for convenience, and that the oncology symptom management treatment area did not become a catch-all for blood transfusions or antibiotic infusions.

Our team developed documentation standards so that OCNs did not have to perform a full history on patients seen at the oncology symptom management treatment area, ensuring OCNs easy access to medical records in the physician practices. These standardized order sets streamlined care so that OCNs were able to quickly triage patients as soon as they entered the oncology symptom management treatment area. To ensure continuous quality improvement, our team developed an evaluation tool that OCNs completed for all patients.

With these processes in place, the oncology symptom management treatment area went live in July 2015.

Figure 1. Patient Care Flow Model




## The Oncology Symptom Management Treatment Area at Work

Once patients arrive to the oncology symptom management treatment area, the OCN initiates standing orders under the physician's direction. Complete assessments are performed—not only by the OCN but also by the physician who is identified as the medical officer on duty assigned to oncology. Care coordination between the OCN, the medical officer on duty, and the attending physician makes patient care seamless. After four hours, a determination must be made as to the disposition of the patient. Patients who feel better are discharged home. Patients who require additional observation will be put on observation status. In the case of patients who need to be admitted to the hospital, the OCN will notify the admitting physician and care is resumed on the inpatient unit. In three years of operation, a patient has never stayed longer than four hours in the oncology symptom management treatment area; this time frame is a hard stop.

One of the most common questions our team is asked is how we were able to make the OCN a budget-neutral staffing position on the inpatient unit. Our answer is simple: we assigned these duties to a charge nurse (an OCN) who had formerly been free of patient care duties. We have found that the OCN is able to perform her charge nurse duties and provide care to patients in the oncology symptom management treatment area. Note: Though three patients are the maximum number who can be seen at any one time in the oncology symptom management treatment area, this rarely, if ever, happens. In the unlikely event that the charge nurse needs to assign patients to another nurse, patients are

assigned to a nurse in close physical proximity to the oncology symptom management treatment area and counted into that nurse's patient assignments without exceeding that assignment. Patient volume at the oncology symptom management treatment area has been approximately 17 to 30 patients per month, a very manageable volume. Rather than feeling burdened by these new duties, our charge nurse has shared that she feels empowered about caring for these patients.

Figure 2, below, tracks our hospital's admissions vs. discharges since the oncology symptom management treatment area went live in July 2015.

## Barriers and Growing Pains

During the first two years of operation, our oncology symptom management treatment area faced some barriers and growing pains. For example, our team had to re-educate nurses and physicians. We performed this education at our local physician practices. In addition, a graduate nursing student worked collaboratively with hospital staff to develop a poster about the oncology symptom management treatment area, which was displayed in both physician offices and the hospital. This poster fulfilled many purposes, including:

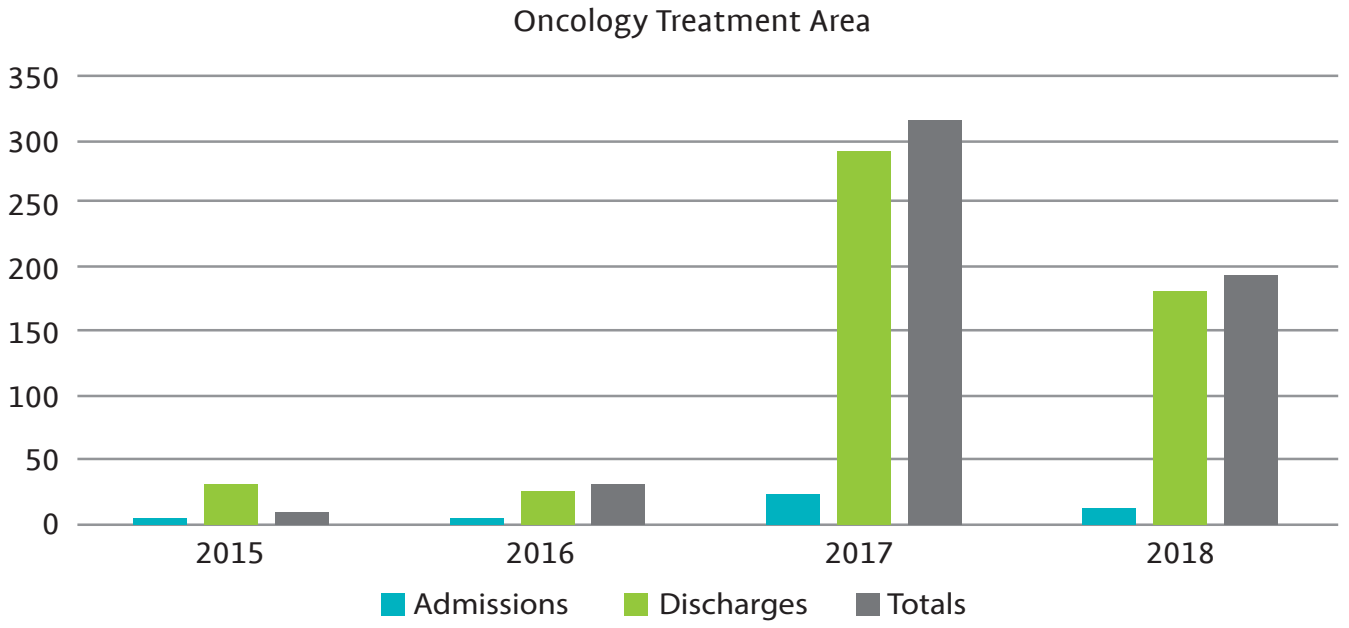
- Serving as an ongoing reminder to physicians and staff about these services
- Communicating how the oncology symptom management treatment area could help reduce healthcare costs
- Educating patients and families about these services
- Communicating how the oncology symptom management treatment area could help ensure patients immediate access to care, as well as avoid long wait times and exposure to infections often found in the ED

Another way we increased awareness of the oncology symptom management treatment area was the creation of rubber bracelets that were given out to patients at physician offices at the start of chemotherapy treatment and at the hospital upon discharge. The information printed on these bracelets served as a helpful reminder for patients to call their physicians first, avoid the ED, and reduce their medical costs. Phone numbers for the physician office and the oncology symptom management treatment area are located on the outside of the bracelet; the inside of the bracelet identifies the six symptoms treated at the oncology symptom management treatment area.

## Key Successes

- After implementation of the oncology symptom management treatment area, our hospital admission rate is about 20 percent, compared to our hospital's ED admission rate of 54 percent and the national average admission rate of almost 60 percent.[1]
- OCNs have been the key to the success of the oncology symptom management treatment area. These staff members are experts in cancer care, symptom management, and bone marrow transplant. They are the driving force behind the

Figure 2. 2015-2018 Data on Hospital Admissions vs. Discharges



successful operationalization of our oncology symptom management treatment area.

- Patient satisfaction scores are much higher in the oncology symptom management treatment area compared to the ED. We attribute most of this to the fact that patients are seen immediately and treated by OCNs they know and often physicians they are familiar with as well.
- Case mix index for the oncology symptom management treatment area on average is 1.44 versus the ED average of 1.24. OCNs were more successful in treating and managing the patients in the oncology symptom management treatment area and discharging patients home compared to the ED.

## A Manager's Reflection

To me, the idea of an oncology symptom management treatment area made sense; I believed it was the right thing to do for patients and families. As managers, we understand how census and productivity are calculated and how heads in beds are counted. I did sometimes worry about staffing for unpredictable volume and how that might impact patient care. I also had initial concerns about staff reactions. Would staff view the oncology symptom management treatment area as "extra work"? However, these concerns were allayed quickly when my staff readily embraced the quality improvement project. OCNs were and continue to be empowered and proud to care for patients in the oncology symptom management treatment area. Patients were very appreciative, and staff saw the difference in our outcomes data. The charge nurses enjoyed the direct patient care, as well as the opportunity to meet to debrief issues and develop action plans.

When I became the manager of the outpatient infusion center, we expanded hours, and some patient volume did shift back to the infusion center. However, the oncology symptom management treatment area remains open when physician offices and the infusion center are closed—ensuring 24-hour access to our patients. More, over the last four years, the oncology symptom management treatment area has proven to be a cost-effective quality improve initiative for the hospital and may soon become a system-wide initiative throughout our healthcare organization. OI

*Paula Goff, MSN, OCN, BMTCN, is manager of Oncology/Stem Cell Unit Outpatient Infusion Center and Apheresis Center, Advocate-Aurora Lutheran General Hospital, Park Ridge, Ill.*

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