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#400WORDS: KNOWLEDGE+ACTION (IMPLEMENTING EVIDENCE-BASED PRACTICE)

Acute Oncology Service – reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment

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Background

The National Chemotherapy Advisory Group (2009) report states the need for an Acute Oncology Service (AOS) in every UK hospital with an Emergency Department. This was driven by the National Confidential Enquiry into Patient Outcome and Death (2008), a publication which found national failings for patients receiving systemic anti-cancer therapy (SACT).

Report Results

This national report found 'room for improvement' or 'less than satisfactory care' in 57% of patients who died within 30 days of receiving SACT. 17% of patients with potentially life-threatening treatment toxicities delayed seeking advice for at least 24 hours. 43% of those who died suffered from grade 3 or 4 SACT toxicity.

Discussion

Cancer Services at Royal Cornwall responded by developing an AOS. We have strengthened this over time and currently have two clinical nurse specialists with middle grade support. Every patient receiving SACT for malignancy has 24-hour access to an advice line.

Supporting those in the community

The 24-hour advice line is a national triage tool and enables a robust, simple and reliable assessment. Calls to Royal Cornwall's advice line over 2019 have increased by over 500 (30% increase in previous year), reflecting the increasing number of patients being treated oncologically with the advancement of SACT. All phone calls are safety netted with follow-up within 24 hours by the AOS whether they are admitted to the Trust or remaining at home with specialist advice or community support. Over 2019 the service was able to prevent hospital admissions in 58% of all community contacts that would otherwise have been admitted.

Supporting inpatients

The AOS review patients in an acute phase of the admission who have a complication of their cancer diagnosis or treatment (including new diagnosis - 18% of patients in Cornwall are diagnosed through emergency presentation). In 2019 we reviewed over 1200 inpatients. This encompasses patient support through their therapeutic journey as management plans are negotiated between general medicine and oncology services to maximise patient outcome and experience.

The Acute Oncology team impact specifically by:

- Ensuring patient review within 24hours of admission.
- Assisting with initial management of treatment related toxicities as early intervention is critical and reduces mortality.
- Raising awareness of oncological emergencies such as neutropenic sepsis and metastatic spinal cord compression.

Conclusion

AOS is a vital service for patients receiving SACT at Royal Cornwall Hospital. In 2019 we have avoided hospital attendance and admission rates for 58% of patients who contacted the advice line. We have also expedited and complimented inpatient journeys for a further >1200 inpatients.

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