New Triage System Decreases Emergency Room Visits by Oncology Patients in Florida

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ASCO Perspective
“*The overuse of emergency rooms is driving up healthcare costs and can hurt the quality of patient care in many ways,*” said Gregory Masters, MD, ASCO spokesperson and chair of the Quality Care Symposium News Planning Team. “*This study shows that putting simple measures in place can significantly decrease ER visits, helping patients to get the care they need faster.*”

ALEXANDRIA, Va. — A quality improvement initiative to reduce patients’ reliance on emergency room (ER) visits to treat cancer treatment side effects has shown to be highly effective, according to early findings from a new study. The strategy, involving a telephone triage service, coupled with patient education, decreased the use of ER services by 60% in the first four months after it was implemented in Florida.

According to the authors, this is one of the first initiatives to offer a viable solution to ER overutilization—a well-known problem in oncology care. In addition to improving the quality of patient care, the intervention has also resulted in substantial cost savings, to be discussed at the oral presentation.

“By implementing this new system, our goal was to reduce unnecessary patient discomfort, interruptions in treatment, and financial burden,” said lead study author Brian Hunis, MD, Medical Director of Quality initiatives and Head and Neck Cancer Program at Memorial Cancer Institute in Hollywood, Fla. “This triage system is applicable to all patients on active treatment, regardless to the type of therapy they are receiving. We believe that other oncology practices could easily mimic our model.”

The quality improvement project was implemented at the Memorial Healthcare System, which encompasses five public hospitals in South Florida. In the five months preceding the intervention,
48% of oncology patients’ ER visits had occurred during office hours. Patients with breast cancer, gastrointestinal cancers, and blood cancers were the most likely to use ER services, and the most common reasons for ER visits were treatment-related pain, diarrhea, nausea, and fever.

After this information was gathered and analyzed by study co-author Vedner Guerrier, a multidisciplinary physician team developed a protocol for telephone operators to handle calls at the patient access center. The center staff was trained to assess the severity of patient symptoms and recognize when an ER referral was appropriate. A triage nurse also was hired to provide consultation services. In addition, participating oncology practices offices added appointment times to their daily schedules to provide care to walk-in patients.

The second part of the intervention involved educating patients about chemotherapy side effects and how to handle issues that arise outside of office hours. Each patient also received customized “chemotherapy passports,” which included his or her oncologist’s name and phone number (including after-hours contact information), chemotherapy regimen, date of last chemotherapy, potential side effects that may require hospital admission, and other resources to expedite emergency room triage.

The physicians developed this intervention after participating in ASCO’s Quality Training Program. Launched in 2014, the program provides interdisciplinary oncology teams with the tools they need to design, implement, and lead quality improvement activities in their practices. Upon completion of the six-month comprehensive course, practices have the knowledge and skills to form a high-functioning improvement team and identify targets for improvement.

A previous participant of ASCO’s Quality Training Program—Dr. Kenneth D. Bishop and colleagues from the Comprehensive Cancer Center of Rhode Island Hospital in Providence, Rhode Island—had a similar project that looked into reduction in ER utilization by oncology patients. Dr. Hunis remarked that his project expanded on that same particular issue and also showed the economic impact of expanded access to outpatient clinics.

This study received funding from Memorial Healthcare System.

View the full abstract.

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