CLINICAL PATHWAY

Cancer Care

Supportive Care Of Oncology Patients (SCOOP)
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INTRODUCTION

To integrate supportive care in the management of cancer patients receiving combined modality treatment in the definitive setting. All patient fulfilling entry criteria will be systematically identified and navigated through a standardized pathway.

Scope of this Pathway

Patients who are:

1. Identified in the Head and Neck, Rectal and Thoracic Multidisciplinary Centers (MDCs)
2. Treated with chemotherapy and radiation at the same time
3. Followed from identification in the MDC until 30 days post completion of initial course of treatment

Pathway Contacts

The content of this pathway is developed and maintained by the Cancer Care Service Line of Christiana Care Health System. Questions or feedback about the content may be directed to:
Any physician can refer an inpatient or outpatient to the Multidisciplinary Centers at the Helen F. Graham Cancer Center & Research Institute for a treatment/diagnostic plan or for a second opinion. Patients may also self-refer by calling 302-623-4500.
CLINICAL PATHWAY

Background

It is estimated that 20-40% of patients receive combined modality treatment in the radiation oncology department. This group often has multiple intercurrent medical problems and, even in their absence, is at especially high risk for admission due to inanition, lack of control of diabetes or COPD and pain management issues. Admission and readmissions are unpleasant for the patient and family and have been shown unequivocally to increase the cost of population health care. In addition, health disparities can lead to an unequal experience.

At the Helen F. Graham Cancer Center, there has been no clear cut integration of primary/supportive care and patients undergoing acute treatment, nor have there been clear cut communication guidelines for patients who have been admitted during treatment and are then discharged for further treatment.

Pathway Population

This pathway will include patients in the radiation oncology department receiving combined modality treatment for cancer. Head and neck, rectal and thoracic cancer patients would be the majority and would be the target for intervention.

The Problem

There can be an increase in Emergency Department visits, hospital admission and readmissions for combined modality patients. This can occur during initial treatment or subsequent treatments. This can often lead to a poor patient experience and outcomes.
Causal Factors Addressed

The lack of social support, access to supportive care, non-compliance, poor communication, and co-morbid medical conditions can exacerbate the patients receiving combined modality treatment.

System Issues Addressed

The ability for SCOOP Pathway patients to navigate the system is important. This pathway address the patients non adherence to clinical guidelines, inconsistent navigation, poor access to primary care, inadequate Inpatient to Outpatient handoff, and physician compliance with clinical guidelines.

Key SCOOP Pathway Interventions

1. Pathway patients will be identified at their Multidisciplinary Clinic appointment.

2. Nurse Navigators will use the new Supportive Care Of Oncology Patients Pathway Aerial Checklist to ensure coordination of care. The Navigator will opt in or out of consultation with ancillary services. These include, but are not limited to: behavioral health, nutrition, social work, supportive and palliative care, dental services, speech and swallowing services, physical and occupational therapy, genetics and smoking cessation.

3. Nurse Navigators will provide a uniform patient experience by using checklists, information technology, frequent prescribed communication with the patient and identifying patient needs to optimize their satisfaction.

4. The implementation of the new Inpatient to Outpatient Hand Off Protocol for patients that are discharged from the hospital but are still undergoing acute treatment.
5. Prospective education of pathway patients regarding the management of acute medical problems that may occur during their combined modality treatment.

6. Recommend consultation with Supportive and Palliative Care for pathway patients

7. Education of Staff (Inpatient and Outpatient) and Patients of the SCOOP pathway

8. Track patients using Aerial software to ensure that treatment dates, appointments, ED visits and admission are all captured and appropriate intervention effected.

9. Use new Aerial reporting tool to measure pathway metrics including compliance.

Challenges for this Pathway

1. Health Literacy disparities
2. Lack of social support
3. Inconsistent navigation
4. Comorbidities
5. Compliance
6. Lack of Primary Care
7. Lack of supportive care embedded in the Cancer Center
8. Insufficient IT resources
9. Insufficient communication between the ED, inpatient service and outpatient services
10. Lack of coordination between inpatient and outpatient supportive care
Nurse Navigator Supportive Care Management Using New Aerial Combined Modality Treatment (CMT) Tool.

A new "Combined Modality Treatment" tool is now available in Aerial. The Aerial Care Management (ACM) software was adapted to support a standard and automated workflow for managing patients who met the criteria for the SCOOP pathway during their MDC visit. The patients will receive Combined Modality Treatment CMT (both Chemotherapy and Radiation Therapy modalities).

The Nurse Navigator will identify the new pathway patient during the MDC visit.
Aerial will allow the Nurse Navigator to view a series of potential referral/appointment tasks. The workflow/tasks are based on the individualized plan of care that was established during the MDC appointment.

The referrals/appointments within the department (Behavioral Health, Dietician, Social Work, Genetic Counseling) and forward tasks and/or follow current departmental processes are listed.

The standardize workflow allows the Nurse Navigator to track all applicable referrals/appointments, take appropriate action to facilitate the referral/appointment and then close the task with outcome as COMPLETED. All non-applicable referrals/appointment will be automatically close and identified as "inappropriate". This will improve efficiency and allow the Nurse Navigator to track appropriate tasks.
Once the date of first treatment is known, the Nurse Navigator can begin follow-up with the patient. This will ensure that the patient has completed a treatment or an appointment.

The Nurse Navigator will be able to track all tasks and progress of the pathway patient.
The Nurse Navigator will be able to enter the date of the last treatment. This can be either Chemotherapy, Radiation or surgery and can be revised as needed.

The Nurse Navigator will then note the end of the pathway which is 30 days after the last treatment date.

Finally, the new Aerial tool will be able to track how long each patient was on the pathway.
PATHWAY ALGORITHMS

ALGORITHM 1

Start

Nurse Navigator
Identify Patients that meet SCOOP pathway criteria

Nurse Navigator
Tag Patient electronically (PowerChart and Aerial)

Nurse Navigator
Initiate and Facilitate all “Scoop” tasks (see list)

Test Needed?

Nurse Navigator
Coordinate Consults with Oncologists

Patient begins treatment

Yes

Nurse Navigator
Schedule Tests

No

*Supportive Care Of Oncology Patients
Nurse Navigator Check List
Coordination of Medical Appointments
Dentist
Genetics
Social Work
Behavioral Health
Registered Dietician
Speech Language Pathologist
Supportive and Palliative Care
Physical/Occupational Therapy
ALGORITHM 2

Therapy

A

Initial Surgery Needed?

Surgeon
Perform Surgery

Nurse Navigator
Contact patient to confirm surgery/assess support service needs

Oncologist
Initiate Radiation & Chemotherapy Treatment Plan

Additional Treatment Needed?

No

End

No combined modality treatment

Yes

Nurse Navigator
Contact patient to confirm onset of CMT assess support service needs

Oncologist
Assess Patient See patient in Radiation or Med Onc offices

Change in performance status?

No

Support Needed?

Yes

Can Patient manage treatment as Outpatient at HFGCC?

No

Oncologist
Complete chemo & radiation treatment

Support Needed?

Yes

Deliver successful supportive care

Care Team

No

Yes

30 Day First Follow-up

B

ED/Admit Patient

Surgery needed after Chemo/Radiation?

Yes

Surgeon
Perform Surgery

Nurse Navigator
Contact patient to confirm surgery/assess support service needs

No

Oncologist
Initiate Radiation & Chemotherapy Treatment Plan

Yes

Can Patient manage treatment as Outpatient at HFGCC?

Yes

Oncologist
Initiate Radiation & Chemotherapy Treatment Plan

No

Support Needed?

Can Patient manage treatment as Outpatient at HFGCC?
ALGORITHM 3

ED/Inpatient Visits

Patient
Travel to ED

ED Physician
Perform ED Assessment

Hospitalist
Assess Patient in ED/Consult Oncology

Admit to Inpatient?

Yes

Hospitalist
Discharge Patient for Outpatient Treatment

No

Continued treatment plan

Hospitalist
Admit to 6B

Hospitalist
Consult with Supportive and Palliative Care Team

Care Team
Perform Assessment and determine supportive care needs

Inpatient Nurse Navigator
Collaborate with Primary Care Provider and Healthcare Team

Oncologist
Assess Acuity in Treatment Cycle

Yes

Care Team
Administer Treatment

No

Continued treatment plan

Care Team
Assess patient for discharge

Inpatient Nurse Navigator
Nurse Navigator
Complete handoff for continuation of care

Hospitalist
Discharge Patient for Outpatient Treatment

C

Continued treatment plan
HEALTH EQUITY CONSIDERATIONS

SCOOP pathway patients will have access to a screening tool to assess health literacy. The goal is to ensure that patients are fully aware of their diagnosis and treatment options, and treatment plan.

The Health Equity team will track and monitor SCOOP pathway patient demographics. The results will be analyzed for patient access. The team will make recommendations to improve access as deemed appropriate.

The Health Equity team will ensure that interpreters are available to support SCOOP pathway patients.

Contact Information:

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PATIENT EDUCATION MATERIALS

There is a new patient education tool that was created specifically for SCOOP pathway patient. The guide is comprehensive and may be used by the patient to capture appointment information.

Your Treatment Guide
CLINICAL EDUCATION MATERIALS

National Cancer Institute

Clinical Trials information

National Comprehensive Cancer Network
REFERENCES

NEJM article

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THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.