

**Nurse-led oncology & haematology telephone
triage service
The Royal Hobart Hospital experience**



**LOUISE NICHOLSON MN. MN(NP)
ALANA FITZGIBBON MN.**

Identifying the problem



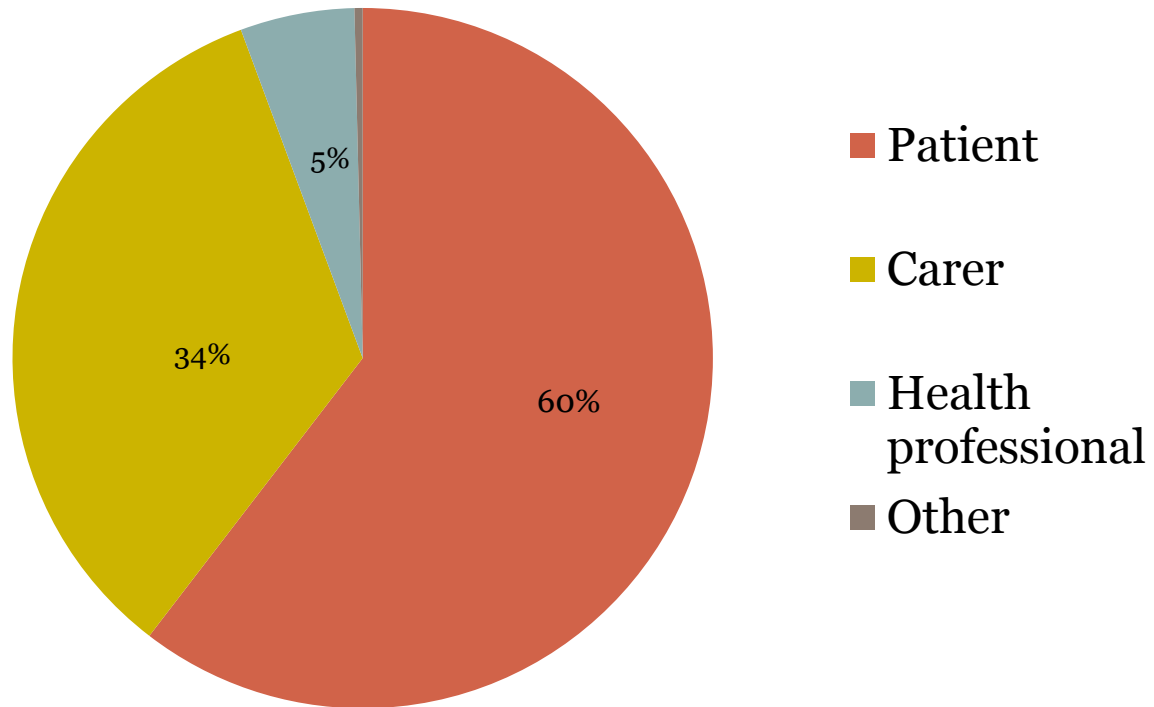
- A gap in providing consistent phone information to patients was identified
 - Time constraints, often rushed
 - Multi tasking
 - Variable nursing experience
- Working group developed
- Aim
 - Provide consistent phone information to patients across the service
 - Improve patient outcomes
 - Improve partnerships with our consumers
 - Foster development of cancer nurses

Finding a solution

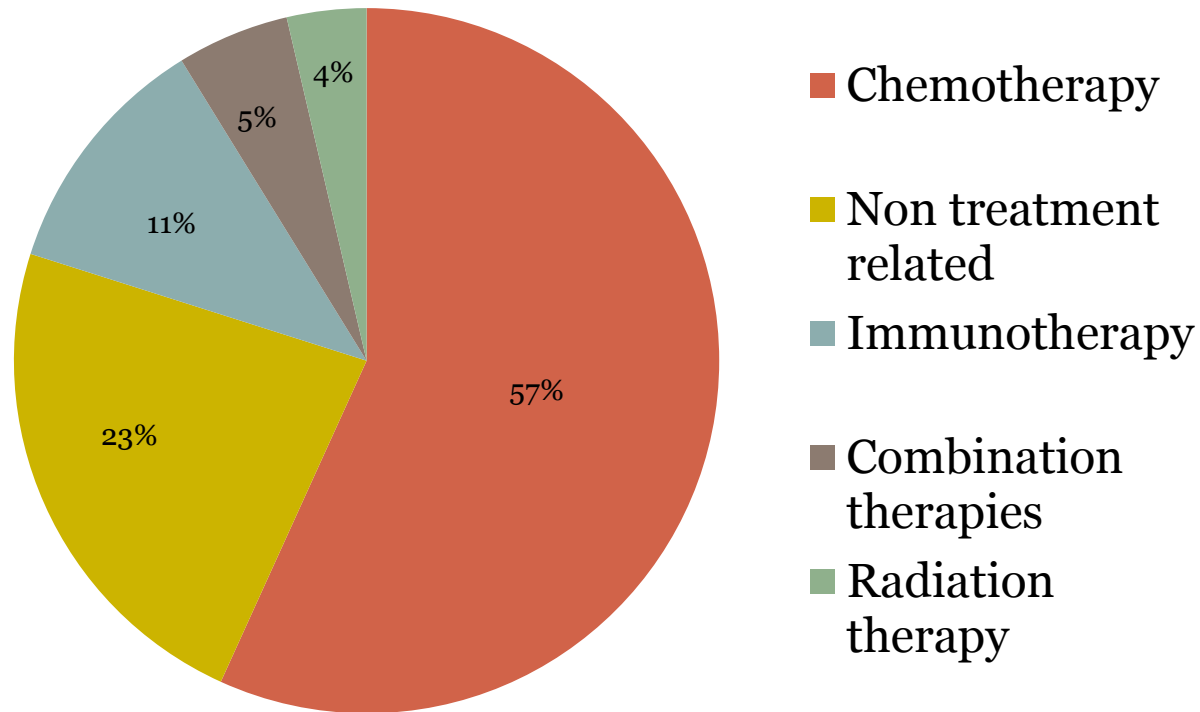


- Nurse-led oncology & haematology telephone triage service developed
- Dedicated phone number
- Monday – Friday 8.30am-4pm
- Prompt cards for maintaining consistency in information provided to patient
- Multiple working group meetings to identifying and address issues
- Questionnaire to capture data

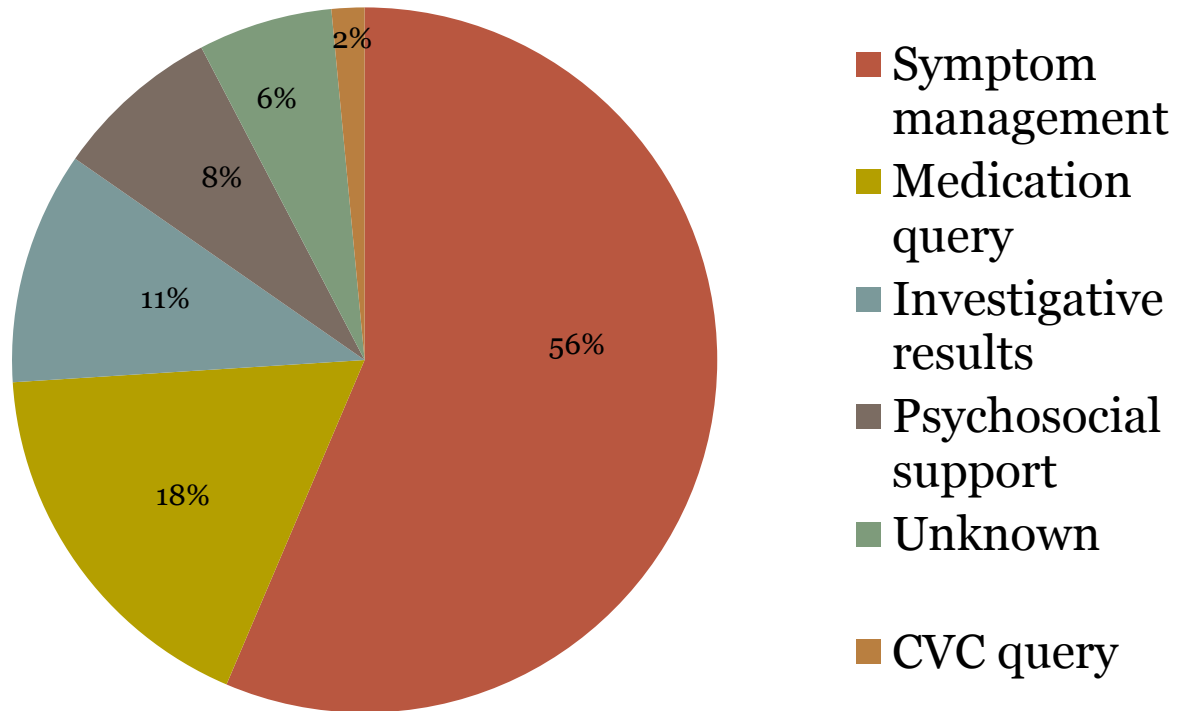
Triage inward call (1/7/17-30/6/18 = 796)



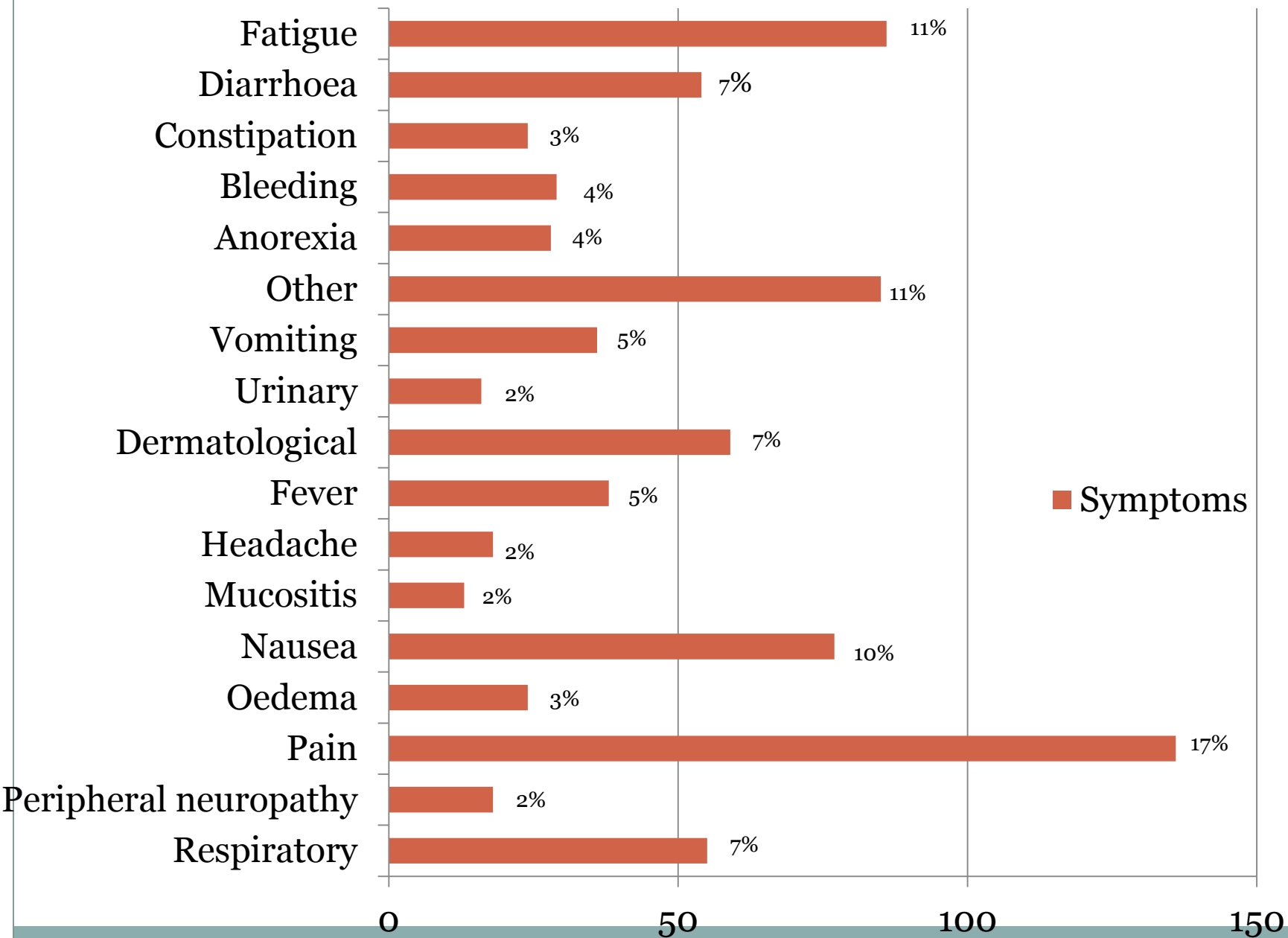
Oncology treatment modality



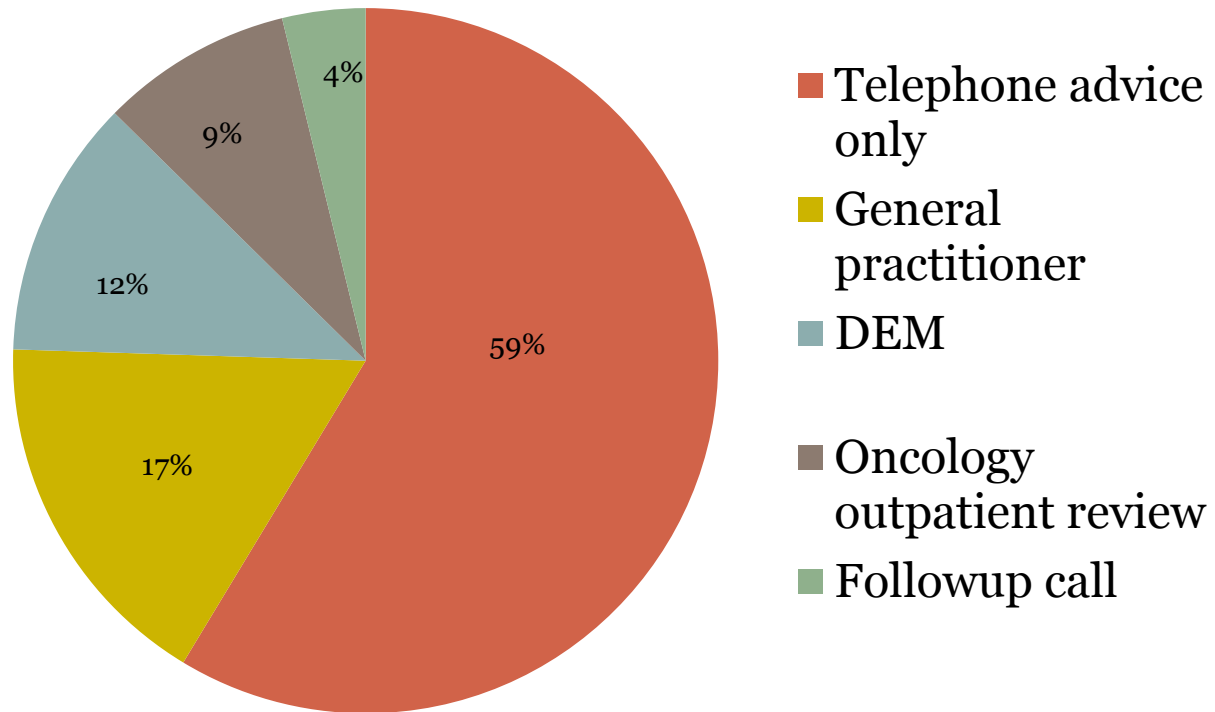
Purpose of phone call



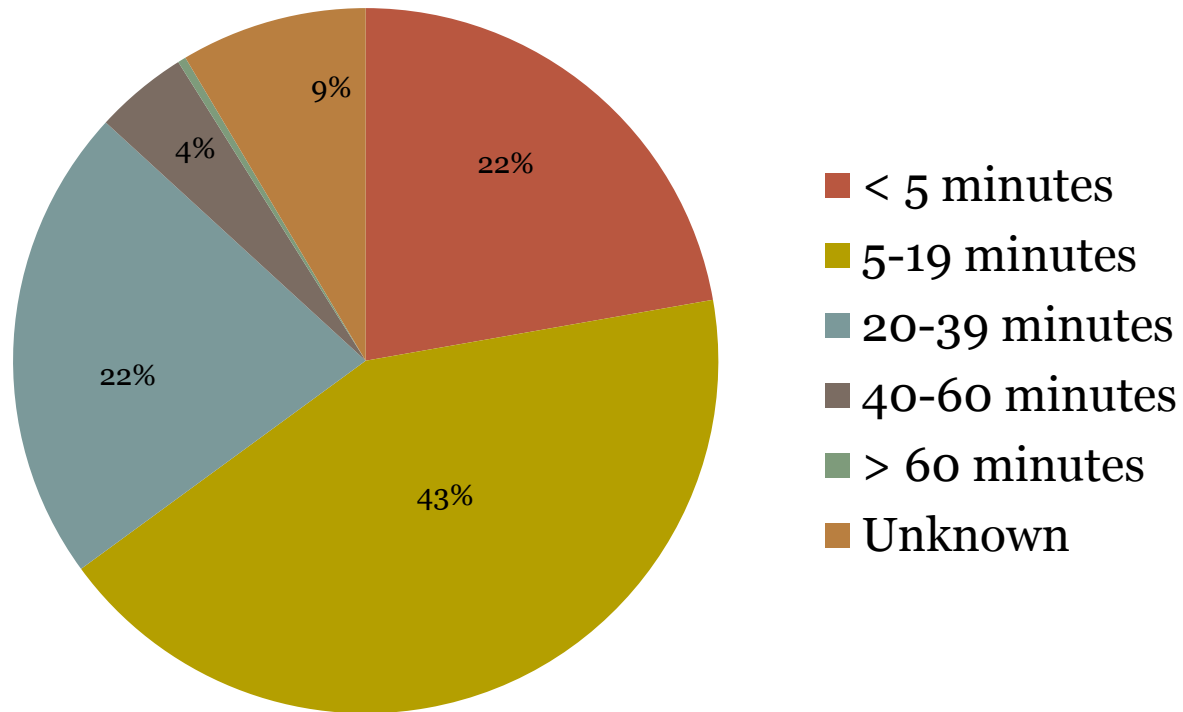
Symptoms (796 calls)



Outcome of contact



Duration of contact



Future Directions



- Identifying patient cohorts at highest risk,
 - ie age, treatment, disease related?
- Further engagement with primary care, develop formal correspondence letter to GP
- Overall aim: reduce unplanned presentations to DEM/admissions
- Data collection:
 - ? Differential diagnosis (solid tumour, haem/non-malignant haem; add CNC data)

Date/Time	Status	Title
12/Sep/2018...	Optional	ONCOLOGY TRIAGE...

Title

Type Date Time

DEPARTMENT FACILITATING TRIAGE

1A
 8A

INWARD CALL FROM

Patient
 Carer
 Health professional
 Other

TREATMENT MODALITY

Chemotherapy
 Immunotherapy
 Radiation
 Combination therapies
 No treatment

MODE OF CONTACT

e-mail
 Face to face
 Fax
 SMS/Text
 Telephone

PURPOSE OF CONTACT

Altered level of consciousness e.g. confusion
 Central venous access
 Extravasation
 Investigation results
 Medication queries

Date/Time	Status	Title
12/Sep/2018...	Optional	ONCOLOGY TRIAGE...

Title

Type Date Time

SYMPTOMS CONTINUED

- Respiratory
- Skin
- Urinary
- Vomiting
- Other

REFERRALS

- Consultant/registrar
- Dietitian
- External community referral
- General Practitioner
- Nurse Practitioner
- Other health facility
- Palliative care
- Pharmacist
- Psychologist
- Social work
- Specialist Nurse e.g. Stoma

OUTCOME OF CONTACT

- DEM
- General Practitioner
- 1A Medical review
- 8A Medical review
- Symptom management clinic
- Telephone advice only
- Telephone call follow up

DURATION OF CONTACT

Oncology Telephone Triage

Prompt Card: Nausea

	Prompts
1	Assess severity – any vomiting
2	Any other symptoms
3	Recent treatment
4	Diagnosis
5	Prescribed anti-emetics – check correct administration
6	Check for dehydration/constipation/diarrhoea
7	Check for anxiety
8	
9	
10	

Assessment/Management Resources

- **Common Terminology Criteria for Adverse Events (CTCAE) version 4 *Gastrointestinal Disorders* p 46**
- **EviQ Supporting Document – *Prevention of Chemotherapy Induced Nausea and Vomiting***
- **<http://www.nps.org.au/health-professionals>**
- **Keytruda (Pembrolizumab) *Symptom Checklist for Immune-related Adverse Reactions***
- **Opdivo (Nivolumab) *Immune-related adverse reaction (irAR) symptom checklist***