



The Effectiveness of The Symptom and Urgent Review Clinic (Surc) as a Nurse-Led Model for Outpatient Cancer Care: Implications for Patient Management

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Abstract

Background: The rising global prevalence of cancer, compounded by an aging population, necessitates innovative care models to effectively manage cancer patients in outpatient settings. The Symptom and Urgent Review Clinic (SURC) was developed to enhance patient care and reduce reliance on emergency departments.

Methods: This review examines the implementation and effectiveness of the SURC model. Data were collected through patient and clinician surveys to assess engagement, patient experiences, and the frequency of clinic utilization. The UKONS 24-Hour Triage – Rapid Assessment Toolkit was employed to standardize patient evaluations.

Results: The SURC model facilitated timely access to oncology care, significantly decreasing emergency department visits among patients experiencing chemotherapy-related symptoms. Key symptoms prompting clinic visits included gastrointestinal issues, malaise, and fever. Surveys indicated high patient satisfaction with the specialized care received and the educational resources provided. Approximately 25% of patients reported that they would have sought emergency care if not for the SURC's interventions.

Conclusion: The SURC model demonstrates a successful nurse-led approach in managing cancer patients' symptoms and treatment-related toxicities, effectively reducing unnecessary emergency department presentations. This initiative not only enhances patient care but also optimizes healthcare resource utilization. The findings suggest that nurse-led clinics can play a critical role in outpatient cancer care.

Keywords: Cancer care, nurse-led initiative, outpatient management, emergency department avoidance, symptom management.

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1. Introduction

The worldwide prevalence of cancer is rising. The expansion of therapeutic options has led to cancer being seen as a chronic condition. The increasing difficulty in managing cancer patients is exacerbated by an ageing population [1,2]. Cancer therapy in the ambulatory environment is cost-effective and patient-centered; nonetheless, it imposes a significant burden on patients and caregivers to be informed and proactive in identifying and managing treatment-related side effects and cancer symptoms [3]. Physical, psychological, and emotional side effects are prevalent. The organizational effect include a rise in unanticipated emergency department (ED) visits [4,5]. The unplanned utilization of the emergency department (ED) by cancer patients is multifaceted, encompassing the pursuit of reassurance from medical professionals due to the belief that the ED offers superior care compared to alternative settings, the request

for treatment of symptoms as advised by clinicians, such as fever, and the fact that the ED serves as the initial access point for inpatient care [7-8].

During the consent procedure for chemotherapy, healthcare personnel must provide information when discussing the treatment plan. Patient recollection is often constrained, and comprehension of potential side effects and self-management strategies may be inadequate [9]. Patients may encounter adverse effects that affect their quality of life and may lead to a worsening of symptoms necessitating medical intervention. The management of cancer symptoms and chemotherapy-related toxicities is a fundamental competency of cancer nurses, especially those operating in the ambulatory context [10]. Nurse-led care models designed to provide cancer patients and caregivers with information for self-care and symptom management may reduce symptom distress and severity [11, 12]. Successful approaches include systematic telephone triage, expanded practice hours, and established treatment protocols [1]. Daly and Michaelis [12] delineated strategies to mitigate acute care for patients, encompassing the identification of individuals at elevated risk for unplanned acute care, the enhancement of access and care coordination, the implementation of standardized clinical pathways for symptom management, the formulation of urgent cancer care strategies, and the prompt referral to palliative care. These models gained significance during the COVID-19 pandemic, since expert guidance indicated that individuals with cancer were more vulnerable to getting COVID-19, and those who did acquire it were at a higher risk of clinical deterioration and serious adverse effects [13]. The SURC concept facilitates remote patient management, hence reducing the danger of COVID-19 exposure.

The United Kingdom Oncology Nursing Society (UKONS) 24-Hour Triage – Rapid Assessment Toolkit offers a framework for evaluation and standardized protocols based on patient risk. The use of this technique for patient evaluation guarantees the identification of individuals with urgent care requirements and the implementation of suitable measures. For example, patients classified as lower-risk may be monitored remotely, so minimizing superfluous healthcare use. Conversely, individuals evaluated as high-risk may be recommended to see the SURC for further examination and intervention. The UKONS tool offers a framework for triage training and competence evaluation of practitioners to guarantee uniformity in patient assessment and advisory services [14].

2. The Symptom and Urgent Review Clinic (SURC)

In 2013, the Symptom and Urgent Review Clinic (SURC) was initiated as a care model inside Western Health (WH), a healthcare agency in Victoria, Australia, which subsequently established it as the standard of treatment [15, 16]. The SURC model was established to provide: chemotherapy and self-care education to patients before treatment, a dedicated telephone line for patient assessment and management during treatment, and a designated physical space for nurses to evaluate patients with medical support for issues beyond the nursing scope. The UKONS evaluation toolbox was a fundamental component of this approach, enabling consistent treatment paths for patients experiencing toxicities related to systemic cancer therapy [15, 16]. In 2018, the Victorian Department of Health recognized the SURC model of care as a service suitable for wider implementation by Victorian healthcare organizations to address the local demand for supporting patients undergoing systemic anti-cancer therapy (SACT) and enhancing their treatment and care experience [17]. It was uncertain if patients and physicians would participate in and find satisfaction with the SURC experience.

This research aimed to ascertain the frequency and attributes of patients using the Symptom and Urgent Review Clinic (SURC), as well as the engagement and experiences of both patients and clinicians with the SURC.

3. The development of innovative care models

The rising expenses of healthcare, an aging demographic, and a higher prevalence of cancer need the development of innovative care models [18-22]. This research delineated the execution and assessment of SURC, a nurse-led approach to cancer patient care in an outpatient environment. Conventional care delivery methods in hospitals necessitate that all unanticipated patient interactions be assessed in the emergency

department. During the six-month SURC implementation period, 20% of patients directly referred to inpatient care following a physical attendance at the SURC, totaling 136 patients, did not visit the emergency department. From a healthcare service standpoint, emergency department presentations by cancer patients impose an extra strain on an already congested emergency department [23-27]. The management of cancer patients in the emergency department results in delays in care delivery, may be taxing for patients and their families, and presents considerable risks to patient safety [7]. The SURC concept provides immediate access to oncology medical personnel for cases outside the nursing scope, hence alleviating the delays and frustrations often reported by patients in the ED [8]. In the absence of a specialized resource, patients often reach out to the day oncology unit, which is ill-equipped to handle unscheduled treatment and lacks a systematic approach for the proper triage and management of patient presentations [28]. Clinician evaluation indicated that SURC reduced the burden of the day oncology unit.

Gastrointestinal symptoms, malaise, fever, discomfort, and respiratory problems were the primary causes of SURC contacts. This aligns with data documented in the literature indicating that these are among the most prevalent causes of emergency department presentation [13, 29, 30]. Symptoms prompting emergency department presentation may evolve over many days, with timely management possibly averting the need for emergency treatment [29]. Telephone triage exemplifies an early intervention, as shown by the current research indicating that 25% of patients could have sought emergency department care had SURC not been accessible. Managing individuals exhibiting tiredness related to systemic anti-cancer medication requires a unique skill set. Specialist cancer nurses possess the expertise and experience to identify contributing factors, and exclude or manage etiologies such as direct tumor effects, sepsis, anemia, insomnia, concurrent medications, and psychological stress, while also offering patients strategies to mitigate fatigue, including exercise and psychosocial interventions [29, 31]. Emergency Department personnel are not optimally equipped to ascertain the etiology or optimal care of these symptoms, and they have recognized many obstacles to addressing the requirements of patients with advanced cancer in the Emergency Department environment. Nurse-led modes of care aimed at preventing emergency department visits for cancer patients, including remote treatment using telehealth for gastrointestinal symptoms, have been reported as effective and linked to a decreased occurrence of issues such as constipation and sleeplessness [32-34].

The SURC model potentially fills numerous gaps in the existing healthcare system for patients anticipated to manage multiple, predictable symptoms and side effects by facilitating prompt access to expert guidance and establishing an alternative procedure for patients necessitating unplanned admissions that circumvent emergency department presentations. Patients expressed happiness over the accessibility of a specialized nurse and the guidance received. These results underscore the potential of SURC to avert unnecessary emergency department presentations and reinforce the model's advantageous economic effects [35]. Proactive symptom management may further reduce treatment delays and cancellations, potentially leading to suboptimal disease outcomes [34].

4. Advantages and drawbacks

A notable aspect of this service improvement initiative was the use of diverse data sources to assess the impact of SURC. The patient survey, with just 152 respondents, had insufficient statistical power to identify further benefits or possible adverse effects. The use of convenience sampling heightened the likelihood of respondent bias. The physician engagement survey was sent by email, potentially biasing participation by only including those familiar with SURC. The short review timeframe and constrained resources decreased the quantity of data and temporal points that could be gathered. Consequently, it found unable to align day oncology unit activity data regarding tumor streams with demographic information, rendering it unclear if tumor streams are uniformly represented in SURC presentations. The heterogeneity of the patient sample and the implementation of SURC at each location, together with the culture of instructing patients to communicate with the DOU, would have affected patient reactions. A notable weakness of this review is that it did not assess emergency department presentations for cancer patients before and after adoption, opting instead for surrogate metrics. This may represent a prospective domain for further investigation.

5. Conclusions

The frequency and patterns of patient engagement with the service indicate that the SURC model may fulfill an unaddressed need for support among patients undergoing systemic anti-cancer treatment in an outpatient context. The research revealed many enhancements in patient and physician involvement and experience, with no indication of adverse consequences. The SURC model may provide a more suitable care framework for individuals with cancer who are facing cancer symptoms and treatment-related toxicities, serving as an alternative to emergency department visits.

The implementation of the Symptom and Urgent Review Clinic (SURC) represents a significant advancement in the outpatient management of cancer patients, particularly in addressing the complexities associated with chemotherapy-related symptoms and treatment toxicities. This nurse-led initiative has effectively bridged the gap between traditional emergency care and outpatient symptom management, providing timely interventions that prioritize patient needs while alleviating pressure on emergency departments.

The data collected from patient and clinician surveys highlight the model's positive impact on patient experiences. High satisfaction rates indicate that patients value the specialized care provided by oncology nurses, who are equipped with the knowledge and skills necessary to manage the unique challenges faced by cancer patients. By focusing on proactive symptom management and education, the SURC model empowers patients to engage in their care actively, fostering better self-management of treatment-related side effects.

Moreover, the SURC's role in reducing emergency department visits underscores its effectiveness in enhancing healthcare efficiency. With a significant portion of patients indicating they would have sought emergency care in the absence of the clinic, the initiative not only demonstrates cost-effectiveness but also contributes to improved patient outcomes. By minimizing unnecessary hospital visits, the SURC model can lead to a more streamlined healthcare system, allowing resources to be allocated to those requiring urgent and critical care.

Future research should explore the long-term effects of such nurse-led initiatives on patient health outcomes and healthcare costs. Additionally, expanding the SURC model to incorporate telehealth options could further enhance accessibility and support for cancer patients, particularly in underserved areas. Overall, the SURC model serves as an exemplary framework for developing similar initiatives that prioritize patient-centered care within the oncology setting, potentially transforming the landscape of outpatient cancer management.

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فعالية عيادة مراجعة الأعراض والحالات الطارئة (SURC) كنموذج تقوده الممرضات لرعاية مرضى السرطان في العيادات الخارجية: تأثيرات على إدارة المرضى

الملخص

الخلفية:

تتطلب الزيادة العالمية في انتشار السرطان، إلى جانب الشيخوخة السكانية، نماذج رعاية مبتكرة لإدارة مرضى السرطان بفعالية في إعدادات العيادات الخارجية. تم تطوير عيادة مراجعة الأعراض والحالات الطارئة (SURC) لتحسين رعاية المرضى وتقليل الاعتماد على أقسام الطوارئ.

الطرق:

تفحص هذه المراجعة تنفيذ وفعالية نموذج SURC. تم جمع البيانات من خلال استبيانات للمرضى والأطباء لتقييم المشاركة، وتجارب المرضى، وتكرار استخدام العيادة. تم استخدام أداة الفرز السريع UKONS 24-Hour Triage لتوحيد تقييمات المرضى.

النتائج:

ساعد نموذج SURC في الوصول الفوري إلى رعاية الأورام، مما أدى إلى انخفاض كبير في زيارات أقسام الطوارئ للمرضى الذين يعانون من أعراض مرتبطة بالعلاج الكيميائي. تضمنت الأعراض الرئيسية التي دفعت لزيارات العيادة مشاكل الجهاز الهضمي، والحمى. أظهرت الاستبيانات رضا عاليًا بين المرضى عن الرعاية المتخصصة التي تلقوها والموارد التعليمية المقدمة. وأفاد حوالي 25% من المرضى أنهم كانوا سيطلبون رعاية طارئة لولا تدخلات SURC.

الخلاصة:

يثبت نموذج SURC نجاحه كنهج تقوده الممرضات في إدارة أعراض مرضى السرطان والسمية المرتبطة بالعلاج، مما يقلل من زيارات أقسام الطوارئ غير الضرورية. تعزز هذه المبادرة رعاية المرضى وتعمل على تحسين استخدام موارد الرعاية الصحية. تشير النتائج إلى أن العيادات التي تقودها الممرضات يمكن أن تلعب دورًا حيويًا في رعاية مرضى السرطان في العيادات الخارجية.

الكلمات المفتاحية: رعاية السرطان، مبادرة تقودها الممرضات، إدارة العيادات الخارجية، تقليل زيارات الطوارئ، إدارة الأعراض.