

Quality Improvement: Introduction of a Radiation Oncology Toxicities clinic.

Salena Barrett Radiation Oncology Clinical Nurse Consultant (CNC), Jennifer Wilson CNC Safety Improvement Support Officer.

The Adem Crosby Centre. Sunshine Coast University Hospital. Birtinya. Queensland.

Background: A comprehensive review of the CNC roles in SCHHS Cancer Care commenced in 2020 following an external peer review and Nurse Practitioner led QI project. An identified area for improvement was follow up care of patients who had completed definitive radiotherapy, where it can be expected that acute side effects will worsen.¹ The first 1-2 weeks post treatment is identified as the time that high risk patients would benefit most from a review and assessment by a specialist advance practice nurse. Self-management support for patients after their cancer treatment has been demonstrated to be of added value and has potential to improve the quality of routine follow-up care.² The Radiation Oncology CNC has the advanced knowledge and skills to manage treatment side effects and is well positioned to provide advice and support to patients. A QI project commenced to introduce an acute toxicities clinic for high risk patient post definitive radiotherapy.

Objectives/Aims: To provide additional support to high risk patients to manage their acute toxicities post radiotherapy.

Description/Methodology: Stakeholder included: Radiation Oncologists, Radiation Oncology Nursing Team Allied health, Cancer Care Co-ordinators. The Radiation Oncologist and the Nursing Team were identified as the most likely to refer to the Service. Stakeholders actively engaged with the service and provided positive feedback. The overall consensus was that there would be benefits to the patient and the potential to reduce hospital admissions.

High risk patients identified.

- Risk factors for patients of concern
 - Socially / geographically isolated
 - Poor compliance with treatment and/or supportive care
 - Definitive treatments (high intensity)
 - General other concerns (eg. co-morbidities, previous Hx)

Referral process- Process set up for medical team to request a clinic appointment at final progress evaluation.

Nursing staff and allied health could refer verbally or by e-mail.

Telehealth clinic set up to facilitate remote access.

Clinic template created:

2 days per week @ 2 hours per day allocated to 30 minutes patient appointments.

Medical support:

Agreed medical support allocated.

RMO support for 1 day and GP with Special Interest support for 1 day.

6 month trial to assess feasibility started at the end of 2021

Results/Outcomes: 30 patients of concern referred to clinic by medical, nursing, and allied health over 6 months, 26 of patients referred to the clinic attended.

A holistic assessment of each patient was conducted, advise/guidance given on self-management of symptoms was provided. Medical support was available if patient was at risk of deteriorating or needed changes to pharmacological management.

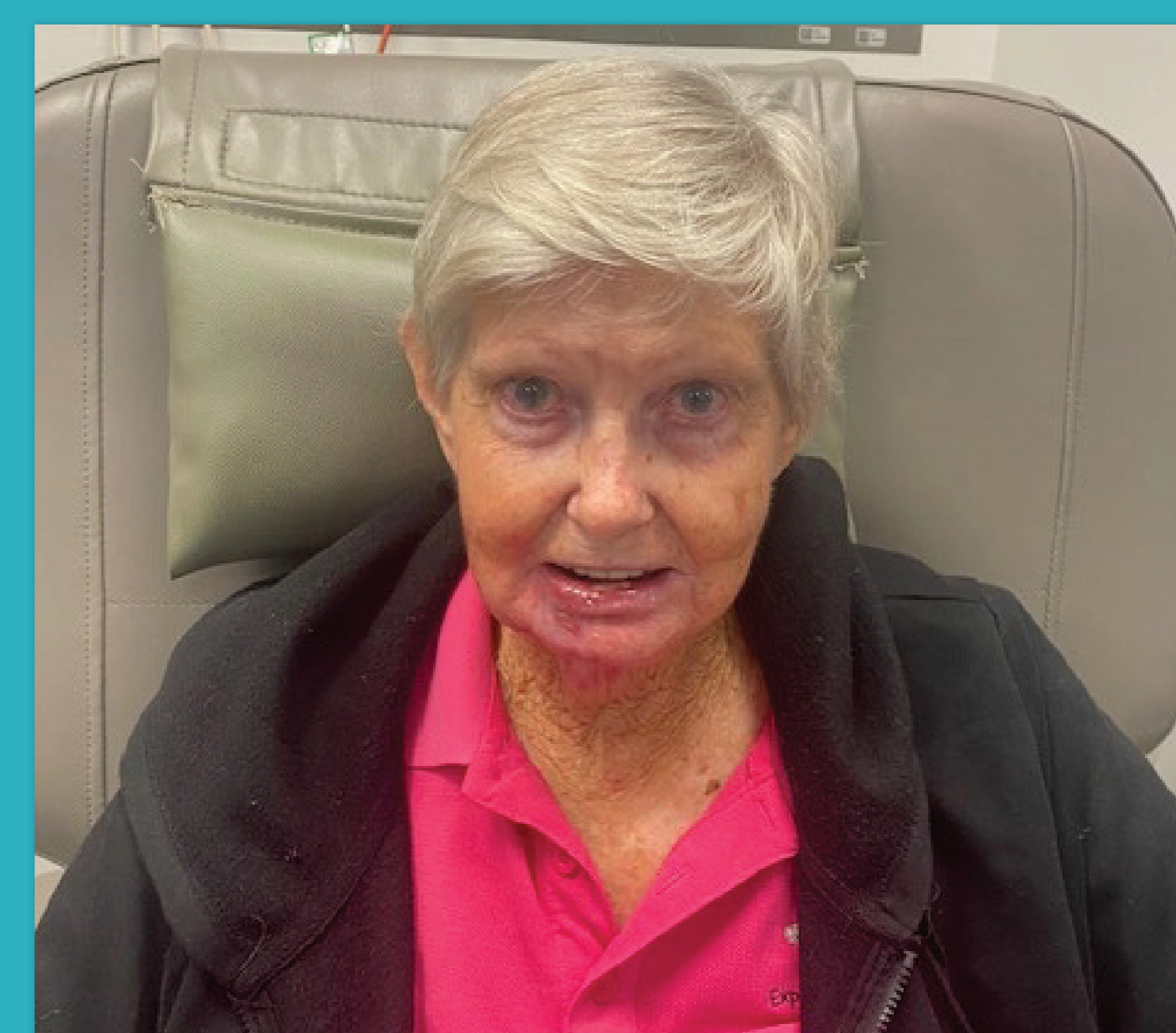
Allied health appointments often lined up with clinic for optimal support.

2 patients attended by Telehealth, one of these accessed at GP surgery and GP was involved and engaged.

Clinic was considered feasible to continue and was embedded into the everyday processes within the department.

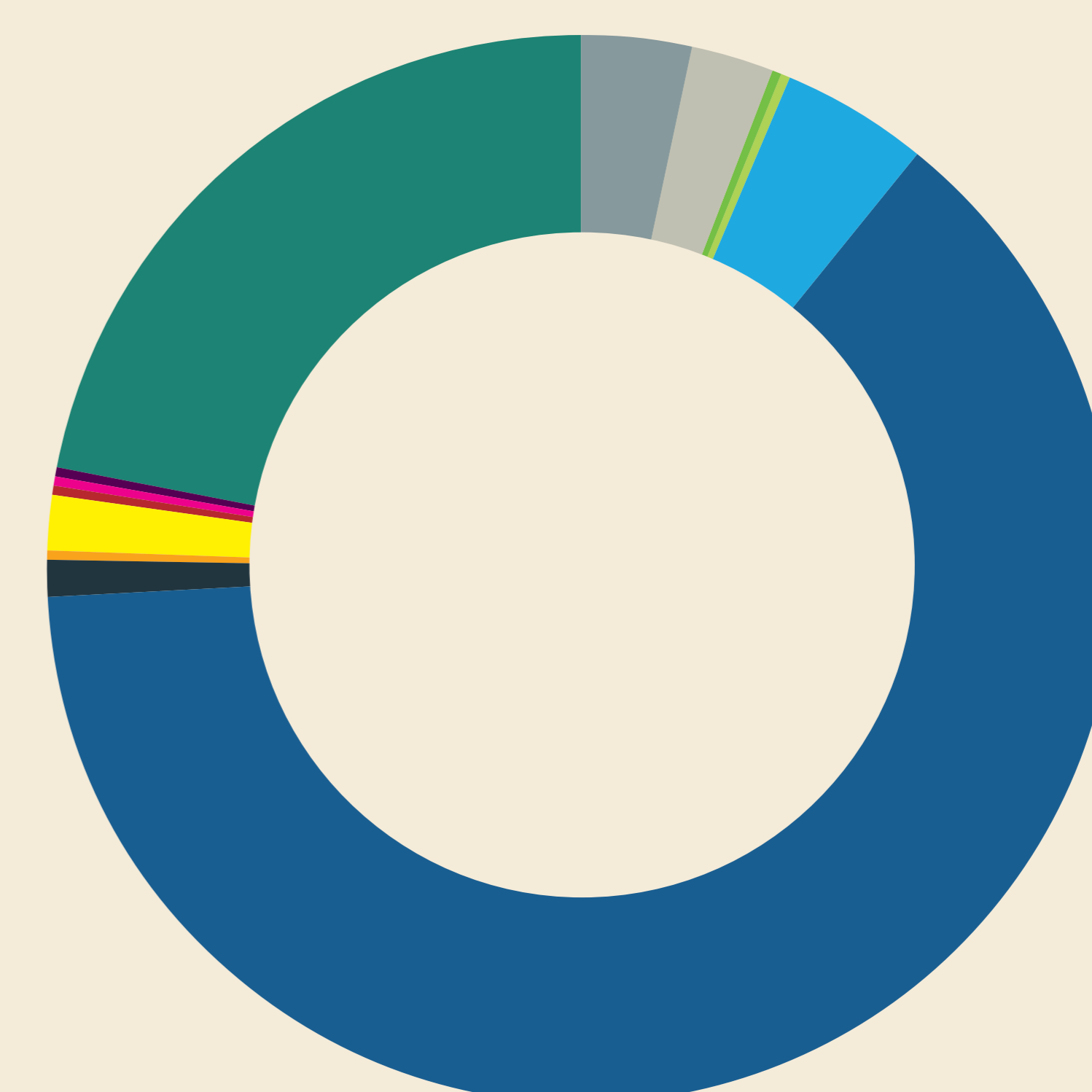
Conclusion: Reviewed and evaluated with the Radiation Oncology team after 6 months and it was agreed that the clinic benefited patients post treatment. Patients reported to their Radiation Oncologist that it was helpful in their recovery and potentially avoided hospital admissions. Feedback was also received from the Cancer Care Dietitians and Speech therapists. They reported the clinic was helpful for addressing barriers to oral intake post treatment and assisted with a multidisciplinary approach to managing this. It was decided by the team that it was feasible to continue the clinic. Team agreed that advising patients of the expected need to attend the clinic as soon as the risk is identified may assist compliance with attendance. Over 300 patients now seen over last 2 years, the majority of patients referred have been patients post head and neck treatment (63%). The clinic has now become an integrated part of the service provided by radiation oncology department.

Continuing to Improve: As the clinic has become a business as usual service we plan to reevaluate with formal patient feedback and discussions with key stakeholders on expanding the use of Telehealth so we can optimize the patient experience and improve access.



Jean had 50 Gy in 20 fractions to her lower lip and chin. Jean was seen at the clinic 3 times after her radiotherapy to manage her pain and skin reaction. This is Jean at her last clinic appointment 3 weeks after completion of treatment.

Treatment areas of patients seen at clinic:



- Anal 3.60%
- Breast 2.49%
- Cervix 0.28%
- Chest 0.28%
- Colorectal 4.43%
- H&N 63.16%
- Lung 1.11%
- Lung and H&N 0.28%
- Melanoma 1.66%
- Metastatic colorectal 0.28%
- Oesophagus 0.28%
- Pelvis 0.28%
- Skin 21.88%

References:

1. Wang, Kyle, and Joel E. Tepper. "Radiation therapy-associated toxicity: Etiology, management, and prevention." *CA: a cancer journal for clinicians* 71.5 (2021): 437-454.
2. Braat, Cora MANP; Verduijn, Gerda M. MD; van der Stege, Heleen A. PhD; Offerman, Marinella P.J. PhD; Peeters, Mariëlle A.C. MSc; van Staa, AnneLoes MD, PhD, RN; Oldenmenger, Wendy H. PhD, RN. Evaluation of a Nurse-led Aftercare Intervention for Patients With Head and Neck Cancer Treated With Radiotherapy and Cisplatin or Cetuximab. *Cancer Nursing* 45(2):p E436-E446, 3/4 2022.