Cancer patients admission in a medical ambulatory emergency care unit

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Aim
• Patients with cancer often require emergency hospital care to manage their acute medical needs. Limited data is available on how cancer patients present to medical ambulatory emergency care service.
• The aim of the study is to identify the characteristics, presentation and the need of cancer service in the unit.

Methodology
• Inclusion Criteria: Patients with active cancer diagnoses presenting to a local medical ambulatory emergency care unit
• Presenting between October 2017 and April 2018.
• Retrospective analysis of hospital database plus medical records.
• Staff questionnaire to understand knowledge of emergency medical care for cancer patients.

Results

Part one: Characteristics of cancer admission
1. Demographics
   • 92 patients included in study
   • > 50% were older than 65 years (Mean 66.4 years)
2. Admission pattern
   • Source of referral:

   ![Source of referral chart]

   - 23% ED
   - 17% GP
   - 17% Endoscopy
   - 8% CNS
   - 6% Accident
   - 6% Other

   - 57% of patients were discharged on the same day
   • Of those admitted:
     ➢ One transferred to other hospital.
     ➢ No intensive care unit admission.
   ➢ Average length of stay (LOS) is 7.8 days compared to 15.3 in all cancer admission in the same trust.

3. Reason of admission

   ![Reason of admission chart]

   - Disease progression 56%
   - Treatment related 14%
   - Other medical problems 17%
   - Cancer related 50%

4. Disease status
   • Frequency of cancers - haematological (33%), upper GI (15%), lung (14%) and breast (13%).
   • 44% of patients are with metastatic disease.
   • 40% on active cancer treatment.

Type of cancer treatment
- Chemotherapy 21%
- Surgery 1%
- Radiotherapy 4%
- Immunotherapy 7%
- Not on treatment 34%
- Multiple treatment 2%
- Hormonal 1%

5. Cancer service utilisation
• 4% had acute oncology service input.
• 5% were seen by their site specific CNS.
• 9% were seen by palliative care team.
• Eight patients were new cancer presentations.

Part two: staff’s understanding and attitude towards cancer admission
• 33 staff participated in the survey.
• 90% of staff look after cancer patients on daily or weekly basis.
• Half of the staff scored ≤5 on self perceived competence (1 = lacking competence , 10 = full competence) in looking after cancer patients.
• None of the staff had oncology teaching in past six months.
• All staff are aware of the cancer service in the hospital.
• Main obstacles for looking after cancer patients in the unit:

   ![Obstacles chart]

   - Insufficient clinical information 67%
   - Insufficient knowledge 42%
   - Insufficient communication 18%
   - Insufficient staffing for close monitoring 28%
   - Lack of staff rooms 28%
   - Lack of direct access to oncology team 48%

Summary
• The unit provided prompt care to cancer patients who required acute medical care.
• Cancer and treatment-related problems remain the main reasons for attendance.
• Common obstacles include: insufficient clinical information, lack of direct access to oncology team and insufficient knowledge.
• None of the clinicians have oncology teaching in past six month.

Implication for practice
• Highlights the need for established pathways for managing acute oncology conditions and guideline for referring to cancer services.
• Effective and clear communication between cancer services, palliative care service and treating acute clinician is paramount to allow continuity of care and efficient service for cancer patients.
• Regular updates and education on acute oncology and palliative care should be integrated into the educational programme of such ambulatory unit.

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