

Patients' journey from the Cancer Hotline to the Emergency Department of a District Hospital; opportunities for alternative pathways

Akul Purohit¹, Nicola Hopkins¹, Konstantinos Kamposioras^{1,2}

¹Tameside and Glossop Integrated Care NHS Foundation Trust; ²Department of Medical Oncology, The Christie NHS Foundation Trust, Manchester, United Kingdom

Background

- Oncology patients in the Greater Manchester area contact the Regional Cancer Centre Hotline at Christie's when they experience cancer symptoms or treatment-related side effects and complications.
- The Christie Hotline is a 24-hour nurse-led telephone service offering expert advice to patients and healthcare professionals.
- Triage patients may be referred to the local emergency department (ED) for further management. They often experience long waiting times and may not even require admission or prolonged care.
- Identification of patients who could be treated in the same day emergency department (SDEC) or in the community rather than in the emergency department could lead to improved patient experience

Methods

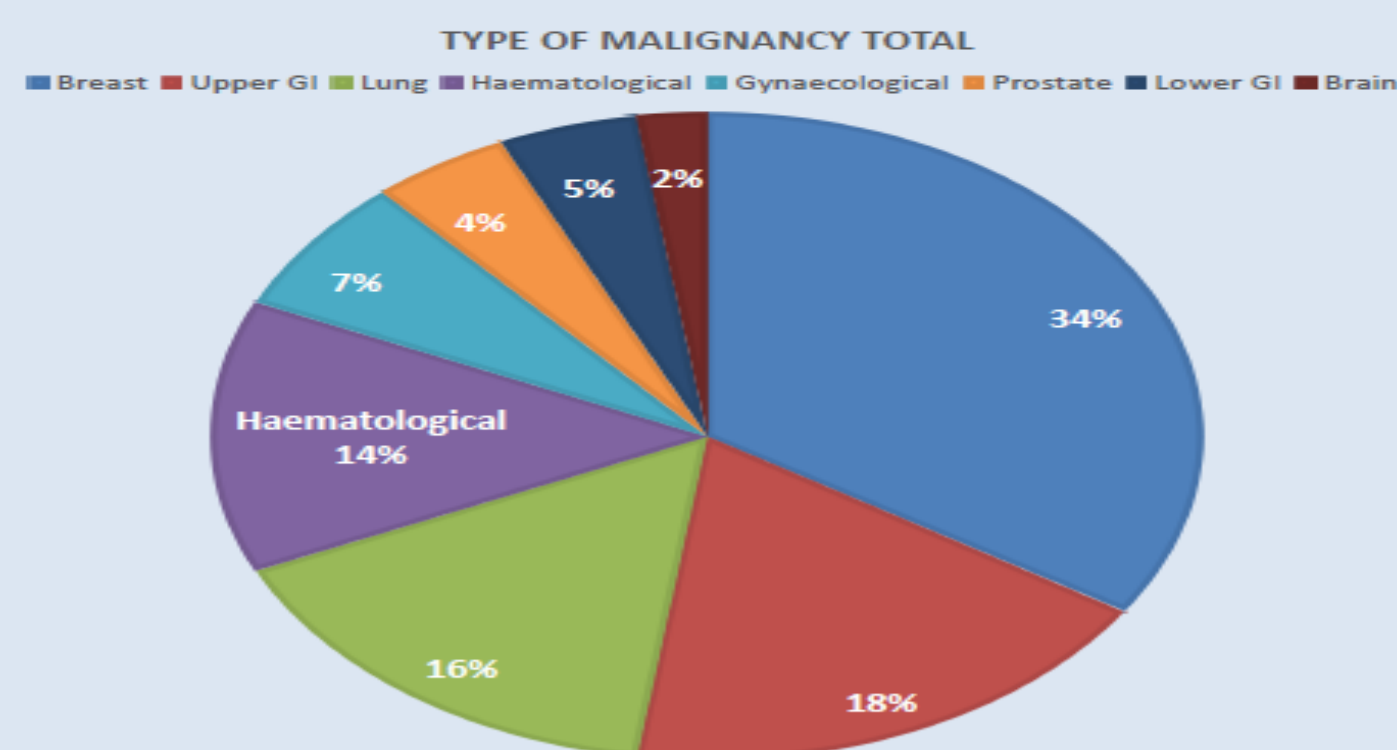
- Hospital electronic medical records and Christie Web Portal (CWP) notes for all patients attending the ED at Tameside General Hospital were retrospectively reviewed, together with North West Ambulance Service arrival data where possible.
- All patients identified between January 2022 and April 2022 were retrospectively screened for the study. Patients with known malignancy who did not contact the hotline were excluded from the study.
- Clinical information was analysed for type of malignancy, presentation, time of admission and length of stay.
- We critically assessed whether patients could be managed using alternative services to avoid having to go to ED.

Population Characteristics

Demographic characteristics are summarised in **Table 1**. Fifty-three patients were screened for eligibility and 44 were included in the study. Of these 44 critical review cases, 19 (43%) were potentially eligible for SDEC or community management..

Age	Range	51
	Median	66
	IQR	7.5
Gender	Male	54.50%
	Female	45.50%

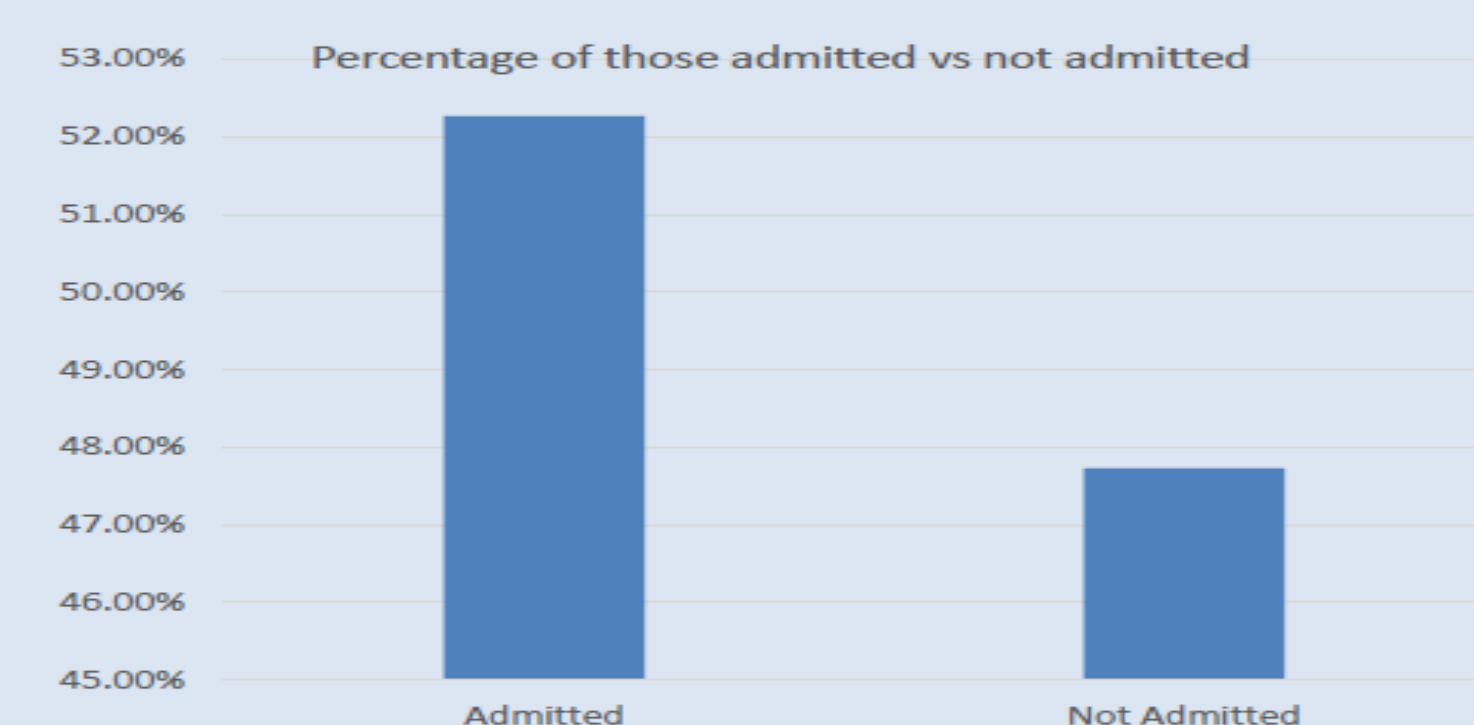
Table 1: Patient demographics of age and gender



Graph 1: Type of malignancy in recorded population

Results

- Pain (chest or abdominal) was the most common presenting complaint. (n = 14; 32%)
- The modal cause was community acquired pneumonia (n=7; 16%)
- Only 6 cases (14%) resulted in a true oncological emergency, i.e. metastatic spinal cord compression, neutropenic sepsis or malignant hypercalcaemia.



Graph 2: Percentage of patients admitted vs non admitted

Admissions and Appropriateness

- When patients were admitted, they were generally under the care of either the general medical team (n=14; 32%) or the general surgeons (n=7; 16%)
- For those admitted, the mean length of stay was 8.88 days with a median of 2 days and a range of 0-21 days.
- In the retrospective analysis, only 4 (9%) patients could be absolutely confirmed as appropriate for ED referral given the presenting complaint and duration of symptoms.

Conclusions

Helplines are an essential part of a patient's cancer journey. Telephone triage has always been a challenging task and our study suggests that almost half of patients could benefit from alternative options to attending the ED.

Using SDEC and community services should be an essential part of planning future cancer services and should be strongly encouraged.

Correspondence to: Akul Purohit (akulpurohit@doctors.org.uk)