

Alert Card Utility in Acute Oncology: The patient and clinician perspective from a district general hospital

Akul Purohit¹, Nicola Hopkins¹, Konstantinos Kamposioras²

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 (GM) area contact are not always able to be managed acutely at the Christie Hospital given the area that the Christie hospital covers.
- These patients are given an individualised Alert Card that they are told to keep on their person. This card has information regarding type of malignancy and treatment type that can help guide treatment in District General Hospitals (DGHs)
- When Patients experience new symptoms and call the Christie Hotline, they are often told to go to their local Emergency Department (ED). Here they hand over their Alert Card to clinicians with the aim that this will help decision making processes and making sure key information regarding their cancer is not missed.
- Assessing to see if patients and clinicians find this card useful in DGHs is important to see if the link between the Christie and DGHs is as optimised as possible for acute oncology patients.

Methods

- Data was collected in a two phased approach with basic demographics, type of malignancy and treatment information asked of patients and facts on job type and level of seniority asked of clinicians.
- The 1st phase took place between June 2022 and December 2023 with a total of 25 patients being asked they were asked about their use of the alert card in ED, whether or not they had it in their possession and how it was received by staff.
- The 2nd phase involved surveying staff in Tameside Hospital ED between October 2023 and January 2024. Initially, this was limited to just Doctors but was then extended to all patient facing staff. Staff were asked to see if they had seen the Alert Card, to see if the Alert Card helped guide clinical decision making and to see if they found Acute Oncology at TGH easy to contact or the Christie Hotline easy to contact from a DGH ED.

Archetypal Pathway for Hotline and Alert Card Usage

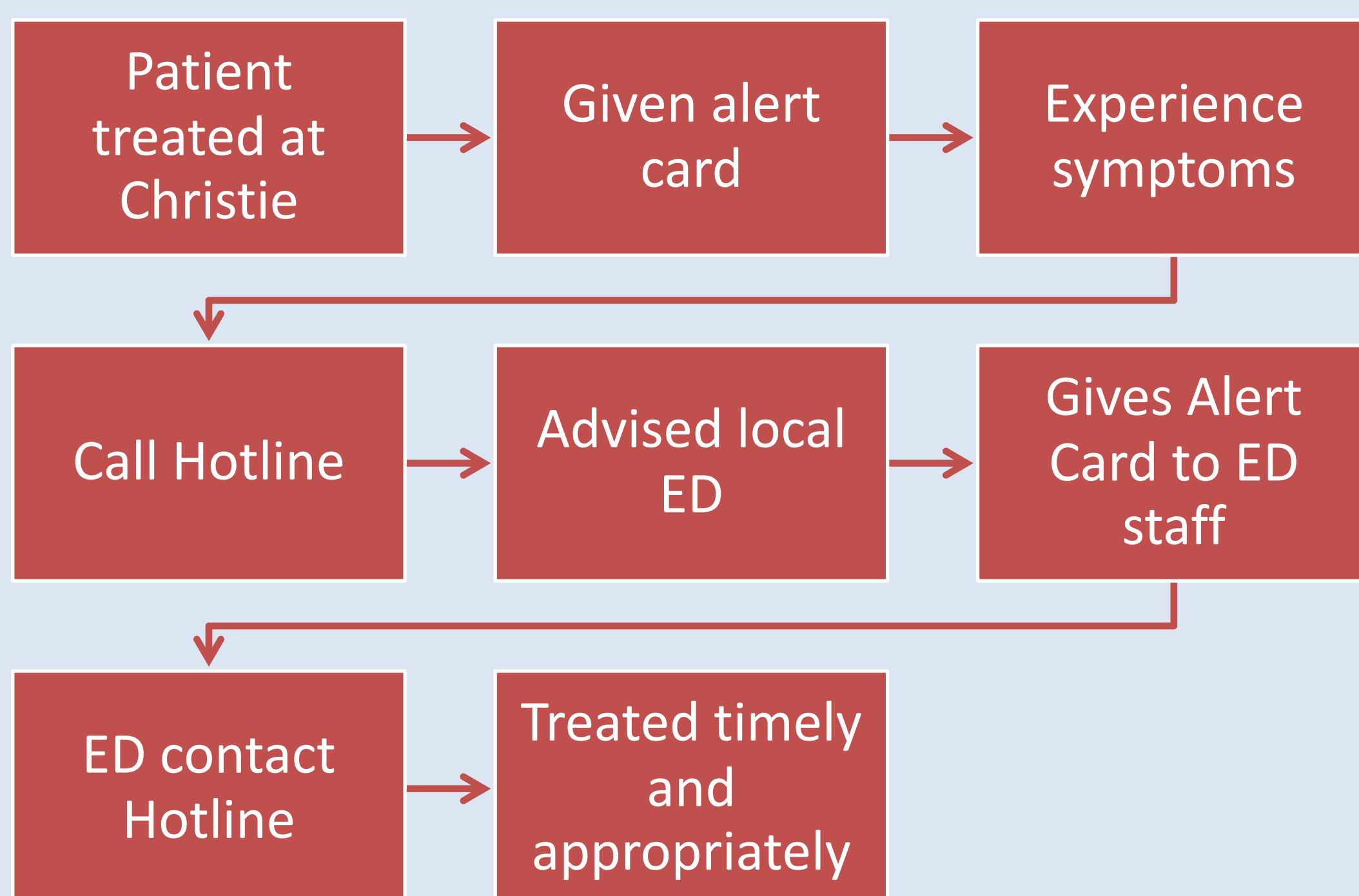


Figure 1: The ideal pathway for Christie patients needing acute treatment

Clinician Results

Number of Responses by Staff Role in Department

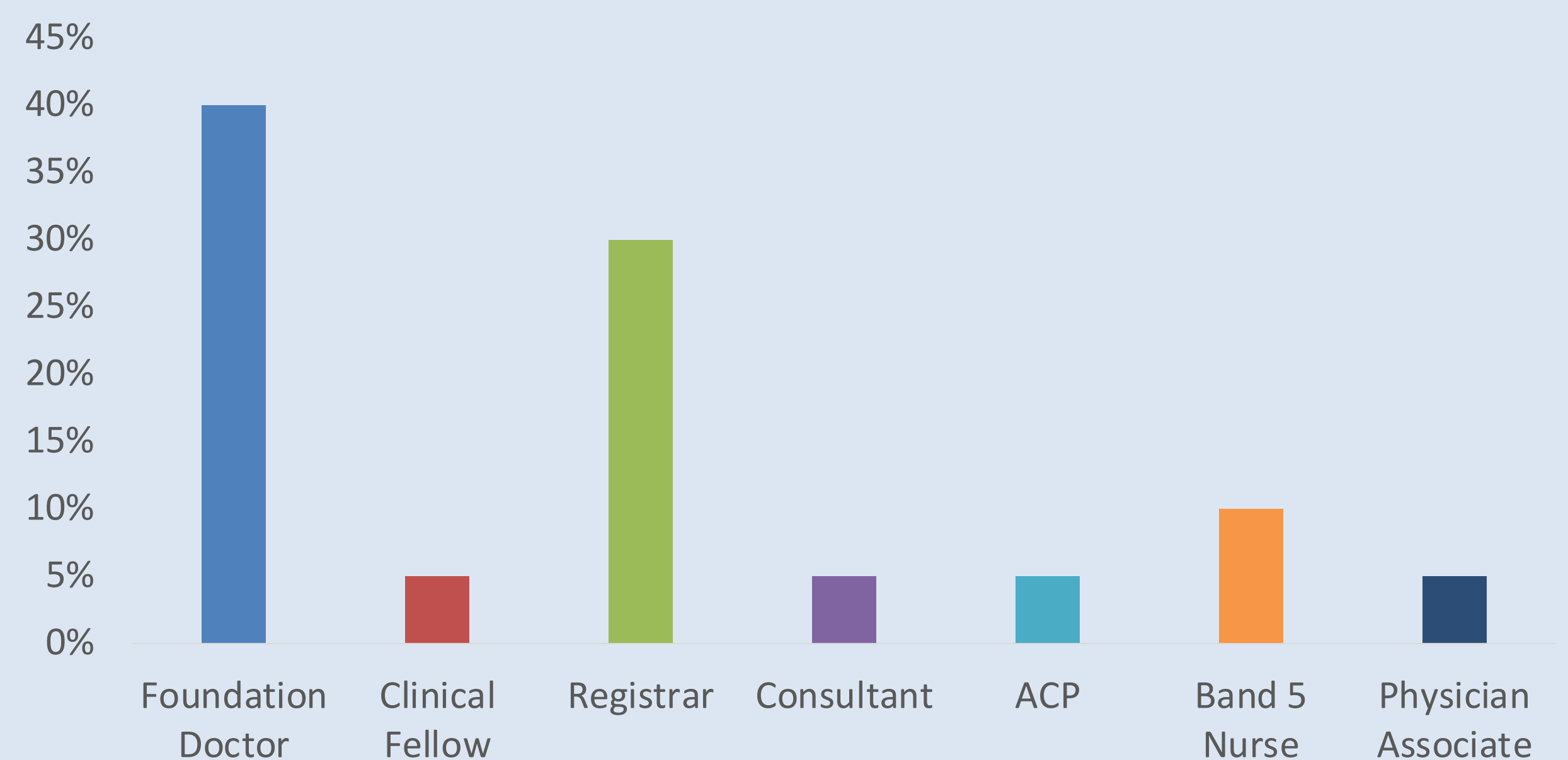


Chart 3: Staff Roles surveyed in TGH ED

Have you ever seen a physical copy of the Christie Alert Card?

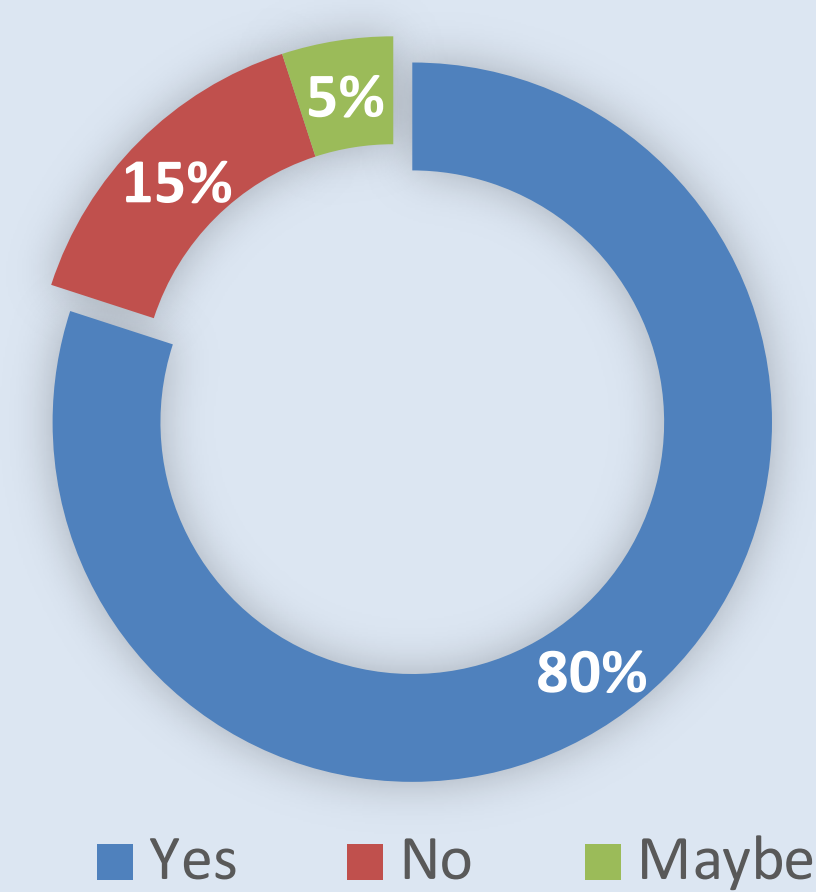


Chart 4: Clinicians understanding of whether they had ever seen the Alert Card

Do you think it is easy to contact the on-site Acute Oncology Team at TGH?

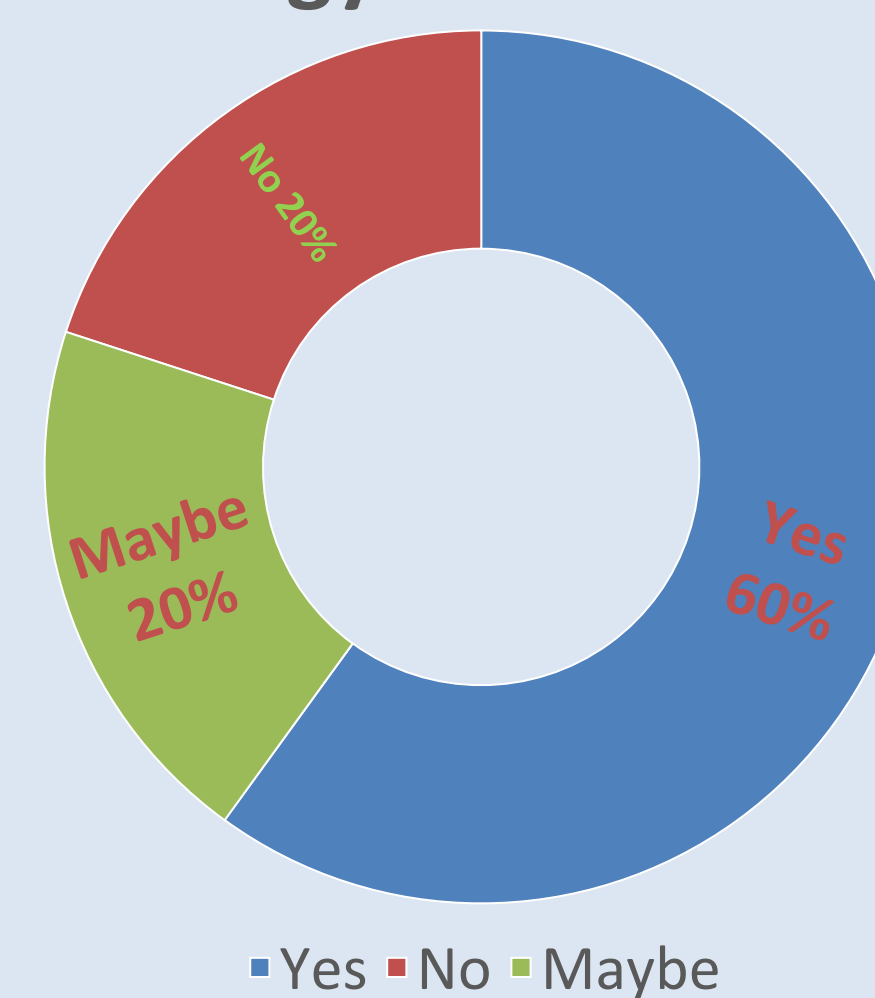


Chart 5: Clinicians view on how easy it is to contact local Acute Oncology Team

Patient Results

WERE YOU GIVEN AN ALERT CARD BY THE CHRISTIE?

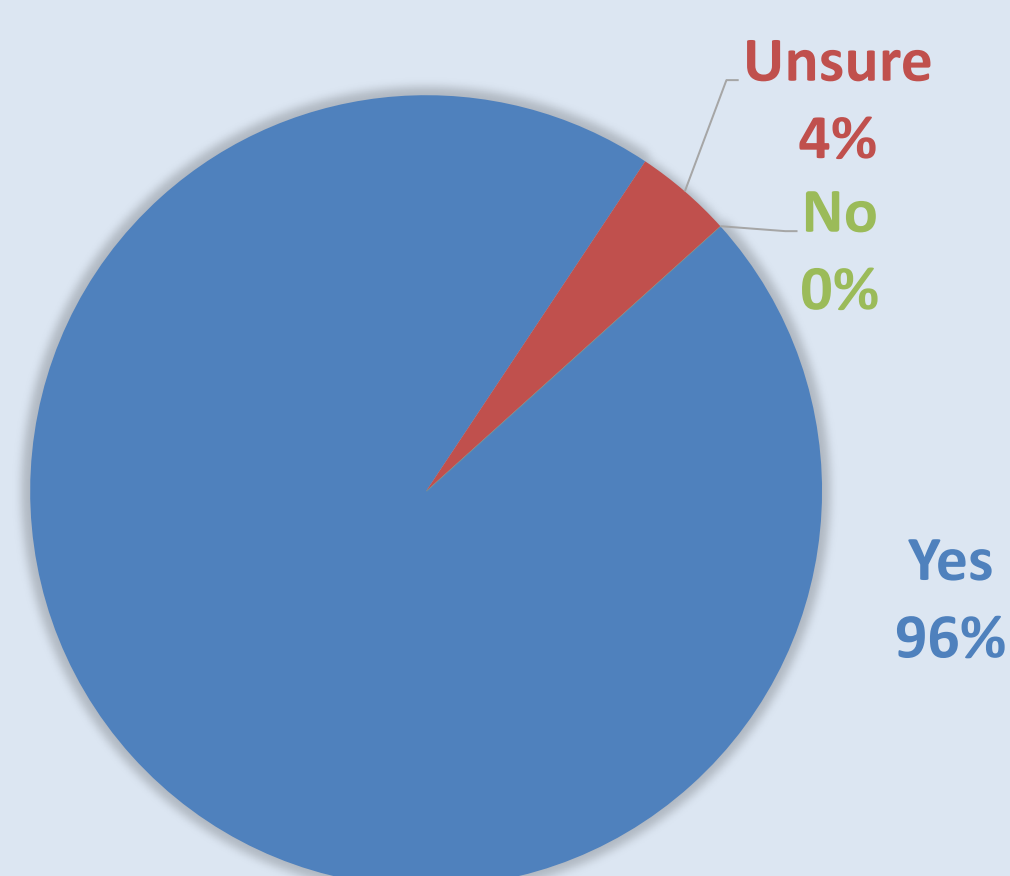


Chart 1: Patients on if they were given an Alert Card

WAS THE CARD WITH YOU ON ATTENDING ED?

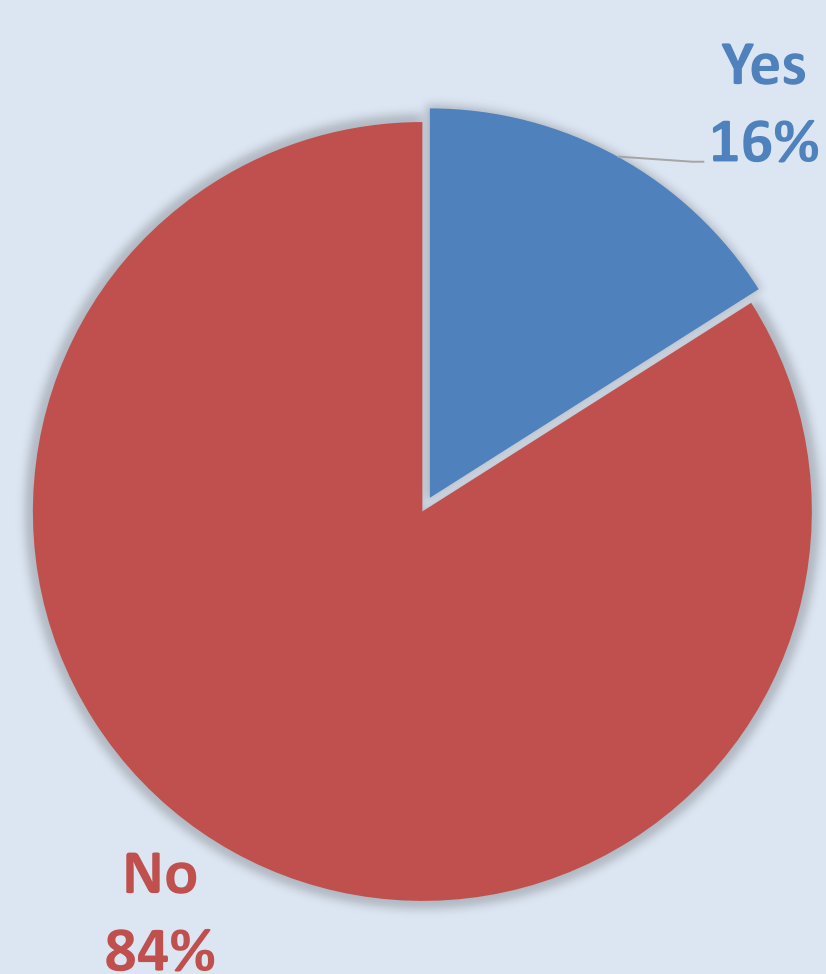


Chart 2: Patients on if they brought the Alert Card to ED

Alert Card Usage

Of those patients that responded to the alert card section (n = 25), there were very few that took the card with them to ED (n = 4). Of these 4, none of them presented the card to ED staff. Staff responses show there was minimal awareness of the Alert Card but there is a need for the Acute Oncology Service as part of the Cancer Alliance.

Conclusion

- There is clear evidence of the card being handed out by treating teams at Christie. However, the use of these in District General Hospitals is limited. It does not appear as though staff are aware of the cards enough to ask patients to present them.
- This may be due to the rotational nature of doctors in teaching hospitals and as a result they may not know how to access information between services of a DGH and the Christie hub. This could contribute to poorer patient outcomes in the acute setting.
- The pathway has some utility up until point 6, where patients are required to give the card to staff. This in turn likely contributes to lack of communication between ED and the Hotline and as such, sub optimal treatment may be delivered when it could have been avoided with easier access to information.
- The importance of local Acute Oncology Teams cannot be overstated as they are essential in providing a link between DGHs and the Christie hub.