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Development of an ambulatory assessment unit – acute oncology service MDT to provide safe follow up of new oncology patients presenting to an SDEC unit

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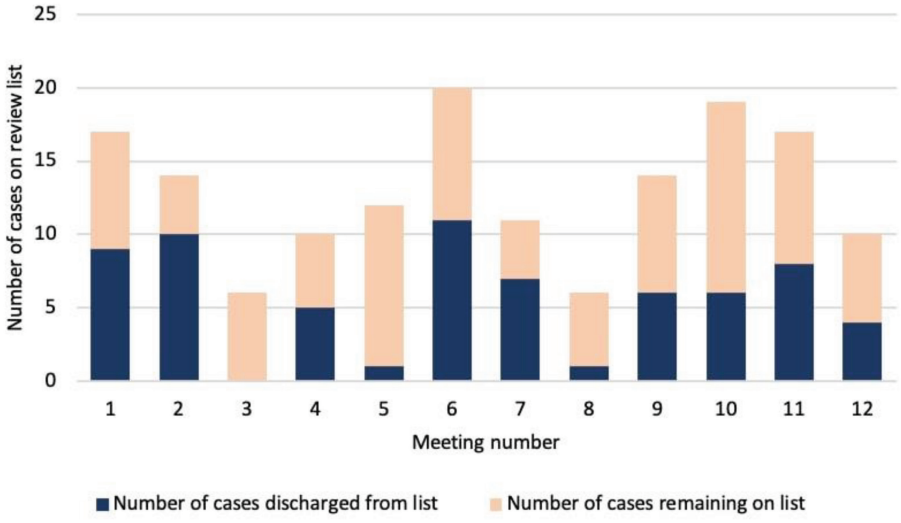

Fig 1. Number of cases discussed per meeting, with subdivision into how many were discharged or remained on the review list.

Introduction

Building on previous work done at our same day emergency care (SDEC) unit, called ambulatory assessment unit (AAU), our project aimed to streamline the care of patients with new oncology diagnoses who present to the unit.

Our previous data suggest that between April 2018 and July 2020, 199 new malignancies were diagnosed, representing just over 1% of patients seen in that period.[1] Seventy per cent of those new malignancies were not already under investigation[1] and therefore our SDEC unit was crucial in arranging adequate follow up and investigations.

Patients often present non-specifically, and concerns of potential malignancy arise from imaging scans performed for other indications. They have multiple attendances and see differing clinicians while having further investigations, affecting patient experience. Ownership is a major problem identified in dealing with this group of patients in SDEC. We thus identified the need for a central follow-up system.

We offer a pathway to ensure safe follow up and timely actioning of results in the form of a weekly AAU-acute oncology service multi-disciplinary team (AAU-AOS MDT) meeting.

The AAU-AOS MDT took on the following responsibilities to tackle problems previously identified:

- ownership and follow up of 2-week wait investigations
- arranging staging imaging and biopsies
- onwards referral
- communication with patients, relatives and GPs.

Materials and methods

Using electronic patient records, we collected the following data over a 12-week period:

- MDT members present
- number of patients discussed

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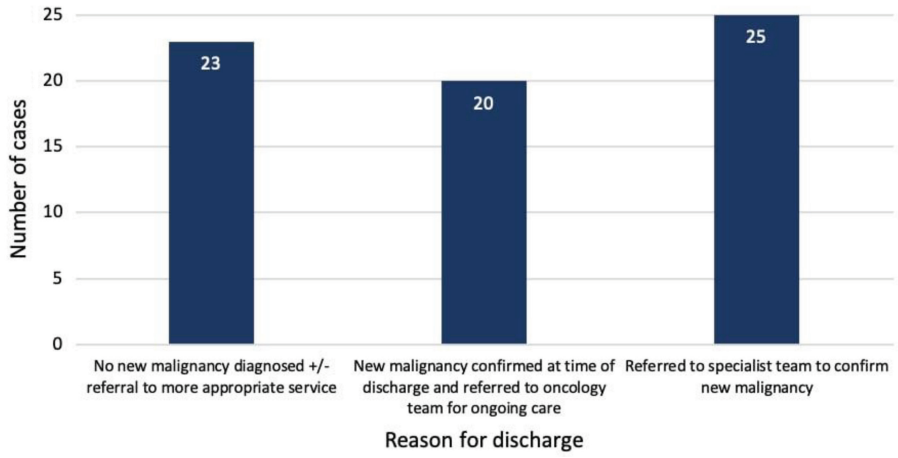

Fig 2. Reasons for discharge from MDT follow up.

- outcome of patients discharged
- if referral to specialist input was done prior to MDT or by the MDT (in which case the MDT serves as a safety net)
- type of cancers diagnosed
- various pathways that the patients took once they were referred to the MDT.

Results and discussion

Meetings are well attended with at least one AAU consultant, one acute oncologist (consultant or registrar) and one AOS nurse at each meeting.

Fig 1 shows the number of cases discussed per meeting, with subdivision into how many were discharged or remained on the review list:

- number of cases discussed per meeting ranged from 6–20
- average number of cases discussed: 13
- average discharge rate: 5.7 cases/meeting.

A total of 156 cases were discussed over the 12 weeks, 68 of which were discharged in this period. Fig 2 shows the reasons for discharge from the MDT follow up.

Analysis of cases that resulted in a new malignancy revealed that colorectal cancer was the most commonly diagnosed (21.8% of the new malignancies). This was followed by respiratory, neurological, pancreatic, upper gastrointestinal and haematological malignancies (each making up 12.5% of total new malignancies diagnosed).

Conclusion

With an increasing number of patients presenting to SDEC units, prioritising endorsement and follow up of time-critical investigations requires careful coordination and systems in place to ensure clinicians are alerted to completed tests in an acceptable time frame. Early acute oncology team involvement can help streamline patient management.

Our interdisciplinary AAU-AOS MDT has been created to address this patient group. ■

Reference

1 Madge O, Bowen J. Undiagnosed malignancy presenting to same-day emergency care: a single unit experience. *Clin Med* 2022;22:62–3.