

# Commencing a Nurse led Symptom & Urgent Review Clinic (SURC) in a Victorian Regional Cancer Centre

Suzanne Bartlett, Oncology Nurse Practitioner, Grampian's Health Ballarat

Poster No 444P



## Background

- Patients undergoing Systemic Anti-Cancer Therapy (SACT) are at significant risk of experiencing adverse effects and toxicities as a consequence of their treatment.
- The SURC, as a nurse led model of care, was introduced in Victoria in 2017 as a response to challenges within the broader context of the health system. Its aim to identify and address identified gaps in Cancer Services to streamline access for patients and carers and to improve patients experience and symptom support and advice during SACT treatment.
- In May 2020 SURC commenced in Ballarat's Regional Integrated Cancer Centre (BRICC). BRICC provides Cancer Services to the Victorian Grampians Region covering a 48,646 square kilometre area including three outreach cancer services in Stawell, Horsham and Maryborough.

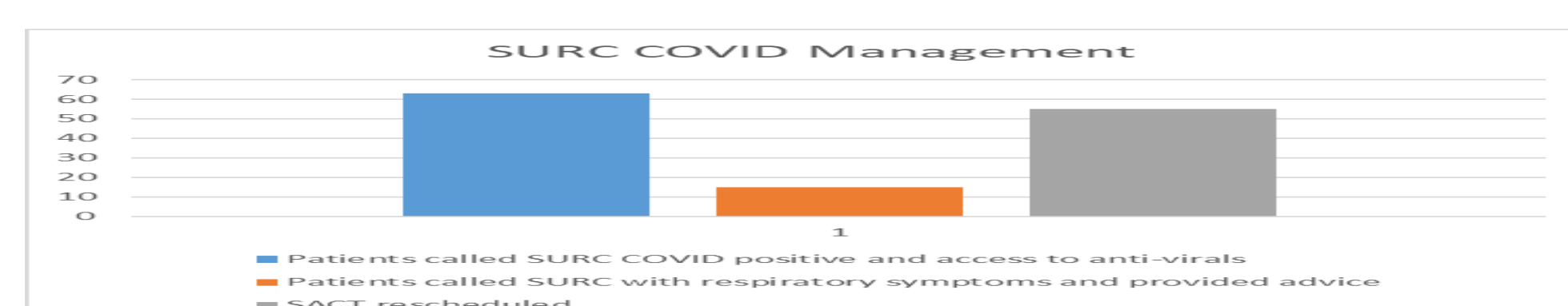


## Methods

- SURC was set up to provide a streamlined process for Oncology patients receiving SACT with access to experienced oncology nursing and medical staff available through a single point of access.
- Patients were encouraged to access SURC from the start of treatment, throughout their SACT treatment and up to 12 weeks following completion of treatment.
- SURC contacted patients on Cycle 1 Day 5 of treatment, patients who had been discharged from hospital, patients commencing oral therapies and a pre-treatment Shared Care medical/nursing model of care.
- Referrals to SURC were made via face to face discussion, phone, text or email to a designated SURC phone and email or booking in to the SURC schedule. Referrals were received from the Day Oncology Unit, medical oncologists, radiology, inpatient oncology ward, Allied Health, Cancer Care Co-ordinators, Emergency Department as well as other inpatient departments within the health service.
- Patients or their significant other could also call SURC directly to the designated SURC phone number, this information was given as part of their pre-treatment education with a fridge magnet to have at home for easy display.
- At BRICC we developed a nurse led model for a Regional Cancer Centre that also provided outreach services. As a result of workforce challenges in 2022, SURC also set up a mirrored service to support BRICC patients in Stawell and Maryborough to enable patients to continue having treatment close to home.

## COVID

- SURC became the point of contact during the COVID pandemic for patients. This included any COVID-related questions, patient management including streamlining access to anti-virals and communicating to the Medical Teams and the Day Oncology Units about treatment delays, rescheduling of appointments and support and access in the community on COVID symptoms.



## Conclusions

SURC has improved the quality of care and access to specialist nursing and medical advice for patients receiving SACT at BRICC and beyond though:

Providing a single point of access for patients receiving SACT at BRICC.

Early identification and management of SACT related symptoms

Referral to medical staff where issues are not SACT related and suggest disease progression.

Management of cancer / treatment related clots

Education provision for patients receiving oral therapies

Education and ongoing symptom management of patients/carers post discharge from hospital.

Education to non-cancer specialities across the organisation and region as well as access to experienced oncology nursing to manage their symptoms and toxicities in a timely manner

Access to a specialist advanced oncology nurse to outreach rural sites to manage their symptoms and toxicities in a timely manner.

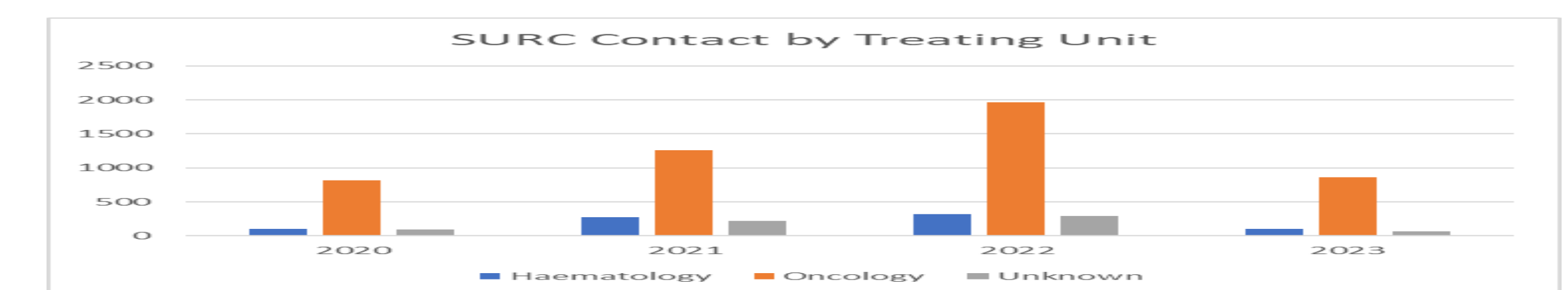
With the success of a Victorian Nursing and Midwives Trust grant in 2021 we were able to develop a video on the benefits of SURC from a patient, oncology and emergency department perspective.



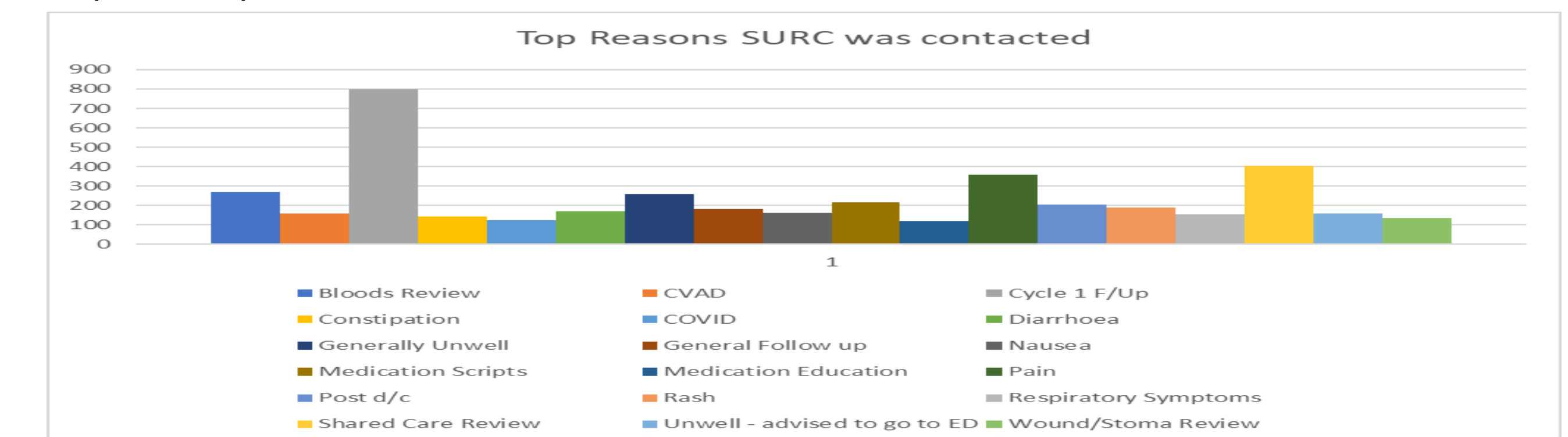
<https://www.youtube.com/watch?v=mKbvJzWJolk>

## Results

- From May 2020-April 2023 there have been a total of 6558 contacts to SURC which included telephone calls, clinic presentations, same day ED presentations and same day admissions. As this clinic had been funded with an outpatient WASE 40.52 data activity was recorded within the hospital activity funding system IBA with a monthly report generated.
- The generated report also included patient's postcodes of where they resided, and this was valuable in reviewing the access to the service at the outreach sites.
- In 2022 there were a total of 219 contacts at Maryborough. From the start of 2023 there had been a total of 50 contacts for a period of 8 months in Stawell.
- Pre and post SURC data has also been analysed with the total number of inpatient stay days having halved from 686 to 399 as well as a reduction in the number of inpatient oncology visits of 104 to 70. There is also a reduction in the readmissions from 4-0.



The top 5 reasons patients called SURC were Bloods review, CVAD review, Cycle 1 follow up, Constipation and COVID.



## Consumer engagement

- In 2021 & 2022, patient satisfaction surveys were completed by 84 patients. In the second year of operation there was an increase of 93% awareness of SURC in 2022 compared to 84% in 2021.
- Overall patients found the service to be very helpful and felt less anxious going through treatment knowing there was a service they contact with any questions or concerns about treatment related symptoms.
- There was still a lack of understanding for patients to know they could recall SURC if their symptoms didn't improve with 45% of patient surveyed to say that would attend the ED instead- this was something that we focused on in the next 12 months for patients when they attend their treatment education.
- Patients did mention in their feedback for longer operating hours and this is certainly something the service is looking at in the future

## Victorian Department of Health SURC COVID-19 Support & Recovery Grant

In 2022 we were successful in being granted a Department of Health COVID-19 Recovery Grant. This grant funded an additional 0.6 EFT of nursing staff. As part of this grant we did a pilot survivorship clinic for patient completing adjuvant treatment for colorectal, lymphoma and lung cancer with a curative intent., We saw a total of 12 patients in a 5 month period. Each patient received a clinic review at 4 weeks completing the supportive care screening tool, received an pack with survivorship resources and a completed SCP that was sent to the patient, their GP and a copy in their medical record.

