

Literature review for proposed research with Acute Oncology in Reducing Emergency Admissions for Cancer patients (type Three) REACT

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This is a summary of independent research funded by the National Institute for Health Research (NIHR) CLAHRC NWC Programme. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. With special thanks for support from Dr Josephine Gibson and Professor Andrew Clegg from University of Central Lancashire

Background



Cancer is now being treated as a chronic illness due to the evolution of Systemic Anti-Cancer Treatments (SACT) Radiotherapy/ Hormonal and Immunotherapies offering earlier diagnosis. The objective of the National Health Service (NHS) Cancer Strategy is to allow patients to live well for longer. However, with an aging population having complex needs, people with cancer often attend the emergency department (ED) and have a high rate of unplanned hospital admissions. A review of ED data in the UK has shown an increase in attendances for chronic medical conditions including cancer patient visits. A literature review was conducted to identify studies of avoidable admissions in type three cancer patients. Type three cancer is a stage of the disease when deemed stable and not requiring medical interventions. This can change quickly dependent upon the diagnosis.

Methods:

Key words and MeSH terms were selected to enable a comprehensive literature review of both quantitative and qualitative evidence. (See Table 1) Databases used were: CINAHL, Cochrane Library, EMBASE and Medline.

Inclusion Criteria:

Relevant literature published between 2007-2017 in English Language.

Exclusion Criteria :

Papers pertaining to Type 1 (new diagnosis) and type 2 (currently receiving SACT/Radiotherapy). Adhering to PRISMA guidelines, the review was performed by two independent screeners. Quality Assessment was adhered to as best practice to follow on with Data Extraction and Synthesis.

Findings



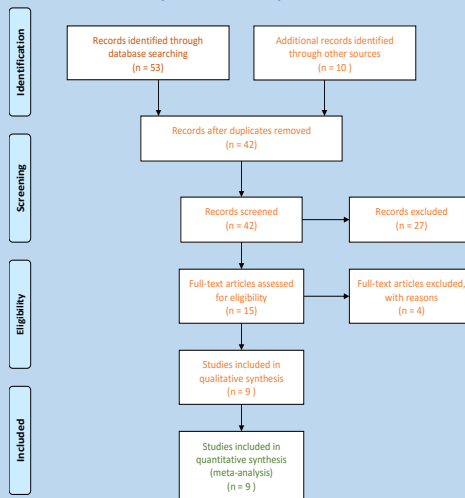
	P	I	C	O	Alternative
Point A	Male/Female	Emergency	Hospital stay	Preventable	Metastatic Disease
Point B	Age 16-90yrs	Avoidable	Inpatient	Avoidable	Palliative Support
Point C	Cancer	Review	Education	Early Discharge	Delayed discharge
Point D	Oncology	Oncologist	Acute Oncology	Referral	UKONS Triage
Point E	Metastatic	Nurse Specialist		Support	

Table 1: Search terms used

Analysis: (See figure below)

Following critical analysis of the 9 papers only two were relevant to the proposed area for research, and neither were UK based. This substantiates the need for further research on ED attendance and review avoidance pathways for type three cancer patients.

Screening results through inclusion criteria provided surprisingly few relevant papers. Evaluating the evidence and research of admission avoidance for type three cancer patients has proved challenging. Further research is necessary to empower patients through knowledge of their disease and to identify effective methods of reducing avoidable unplanned hospital admissions.



Conclusions



This Literature Review has demonstrated that little high quality research has been conducted on preventing avoidable admissions in type 3 cancer patients.

Many of these patients require rapid review rather than admission and referral to specialist services. There will be times when patients need medical admission for acute medical care, but many ED attendances and unplanned admissions might be prevented through support from Community/ Primary Care Services.

What's next?

- Applied for funding from Macmillan for the next phase (outcome expected Nov '17)
- Review of retrospective data and prospective data at local NHS trusts and CCGs in Liverpool.
- Engaging with patients through the assistance of representatives. Identifying patients to interview for qualitative study.
- Generating evidence to develop pathways for the improvement of patient care.

Many people with cancer and other co-morbidities can avoid admission to hospital with better understanding of the reasons for ED presentation and alternative pathways that can be explored through the findings of the next stage of this REACT research project.

Time to get started!!

