

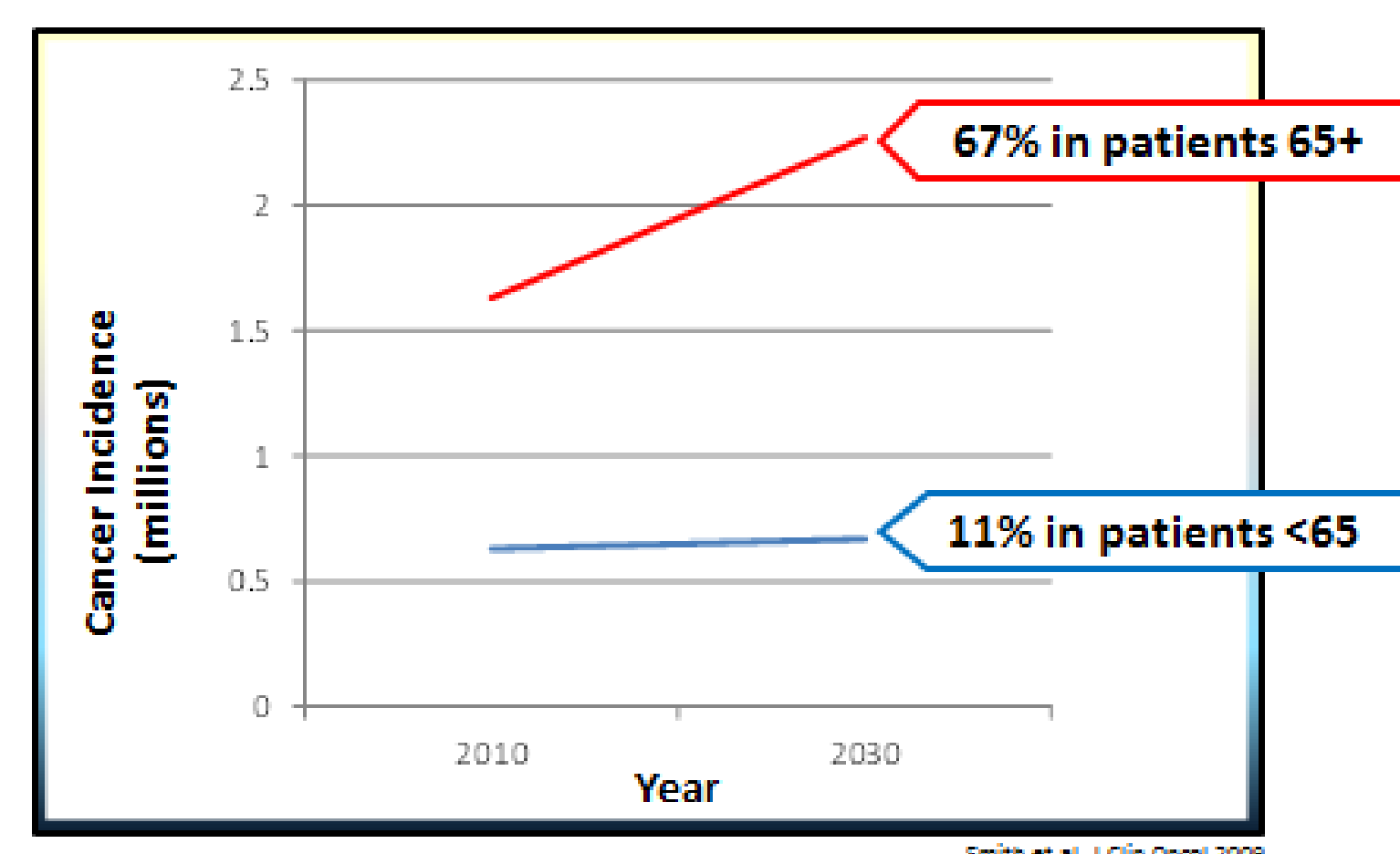
Development and Implementation of an Advanced Practice Nurse (APN) Led Geriatric Consult Clinic at a Comprehensive Cancer Center

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SIGNIFICANCE & BACKGROUND

- Over 60% of patients newly diagnosed w/cancer are age ≥65¹
- The demand for older adult (OA) care in oncology is projected to increase, while the supply of geriatricians is *not*.

Projected Rise in Cancer Incidence from 2010 to 2030

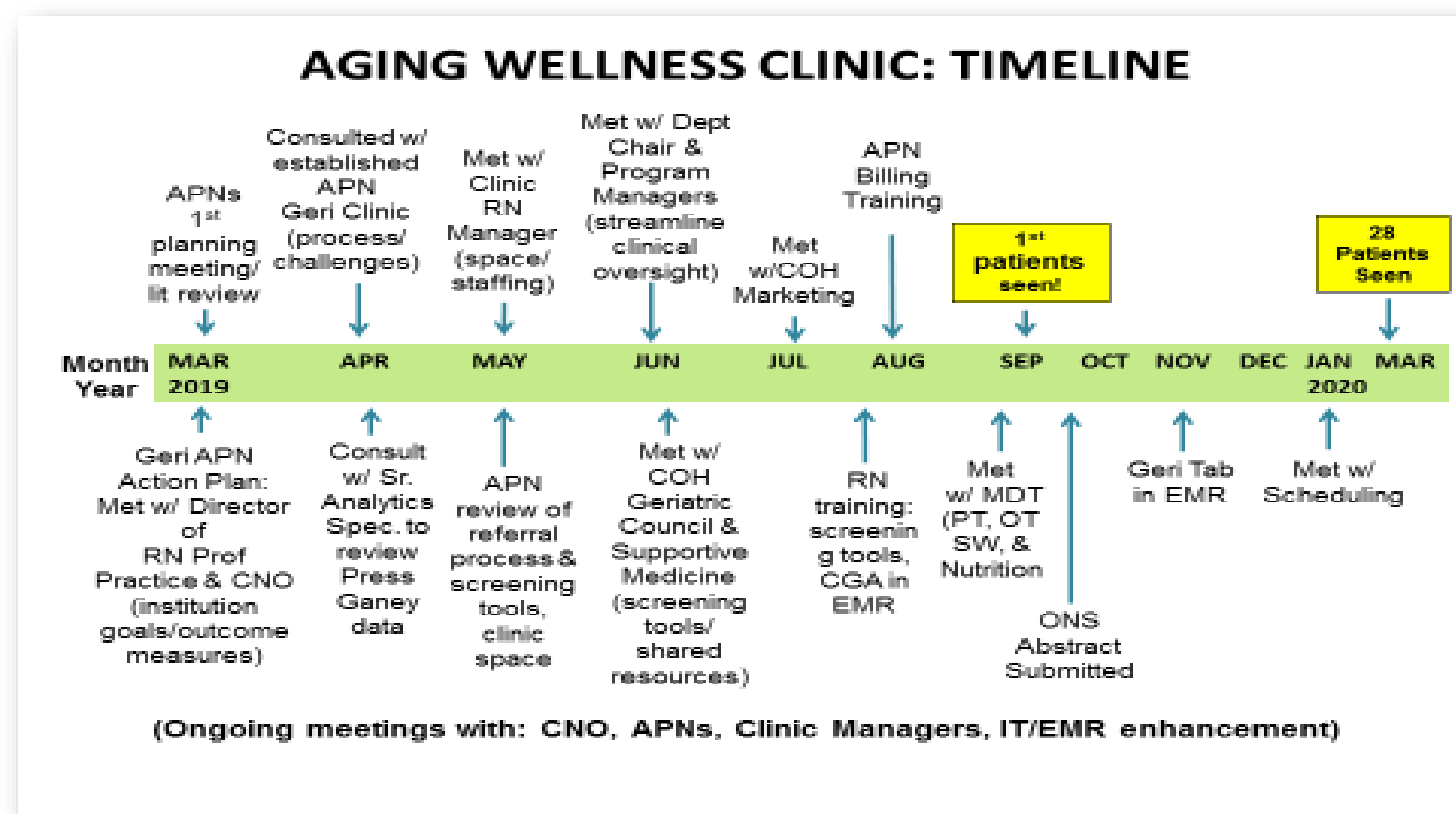


American Geriatrics Society Facts²
OA Pop (2018) 49.2M
Geriatricians 6,952
FTE Geriatricians 3,590

Trained APNs can fill this gap!

PURPOSE

Describe the development & implementation of an APN geriatric consult clinic based on cited guidelines, and provide patient-centered approach to prevent/ minimize complications during chemotherapy.



DISCUSSION

Implications for Nursing Practice

Practicing to full scope of licensure

Integrating evidence into practice

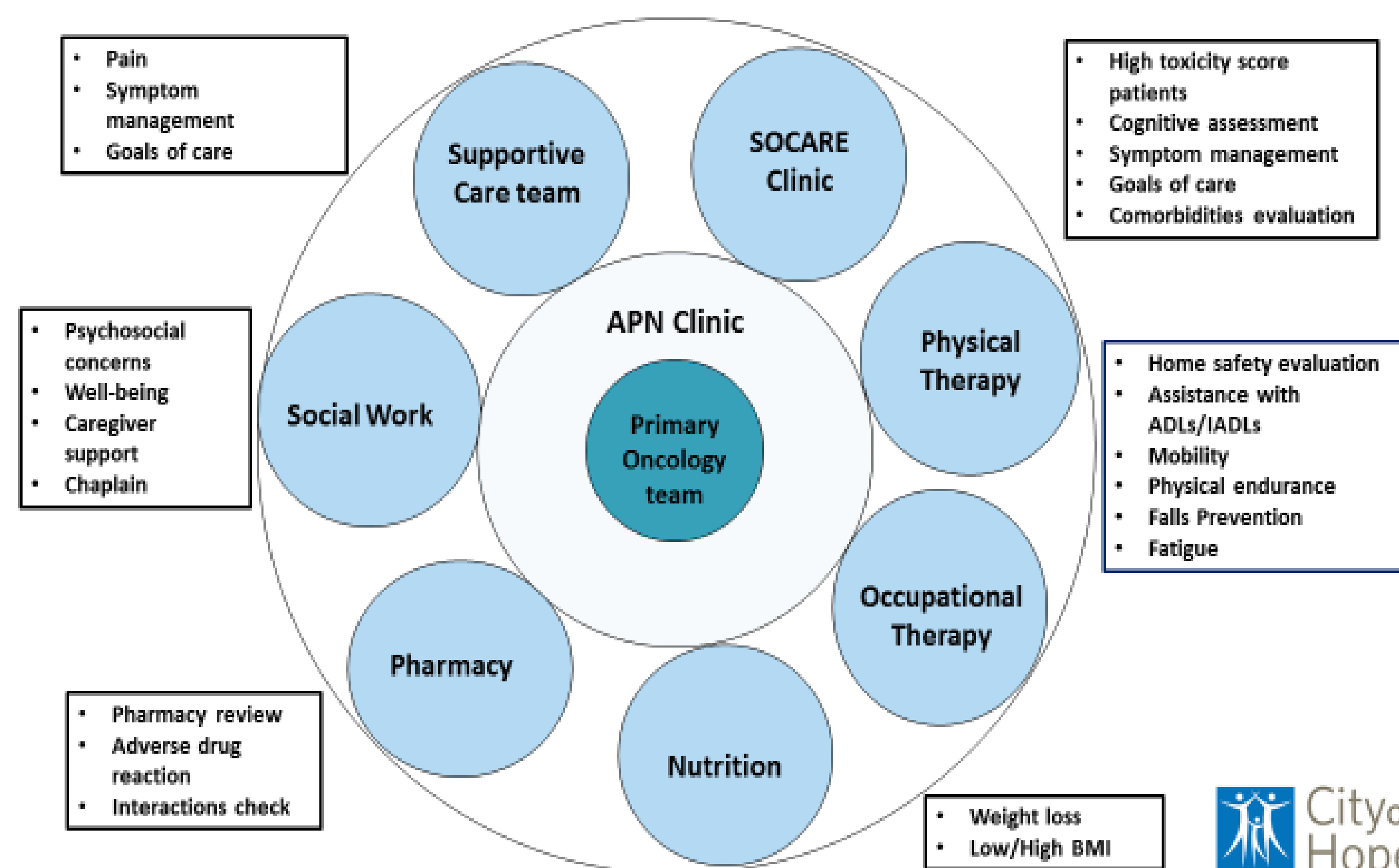
- Functional status
- Comorbidities
- Cognition
- Nutritional status
- Psychological state
- Social support
- Medications (polypharmacy)

Comprehensive Geriatric Assessment⁴

Use of technology to enhance clinical care

Collaboration w/ MDT

APN LED AGING WELLNESS CLINIC Holistic Approach to Care



INTERVENTIONS

- Based on ASCO & NCCN guidelines, a geriatric assessment (GA) should be used in patients aged ≥65 to identify vulnerabilities *not* routinely captured in oncology assessments.³
- The APN-led Aging Wellness Clinic (AWC) addresses the needs of older adults with cancer through the use of the Comprehensive Geriatric Assessment (CGA) and other screening tools.
 - The CGA is an online questionnaire utilizing validated tools to capture self-reported patient information related to GA domains (functional status, co-morbidities, cognition, nutritional status, psychological status, social support, and medications (polypharmacy)).

This process addresses both oncology & geriatric care needs

EVALUATION

Measurable Outcomes

Patient: GA completion, education, interventions

Institution: Referrals made to AWC
Referrals made from AWC to MDT

Challenges

Staffing: Scheduling, rooming/screening process
Space: Limited dedicated exam/consult room
Referrals: Slow initiation by provider
Other: MD referral for patients not meeting initial criteria (chemotherapy vs. endocrine therapy)

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