

INTRODUCTION

As a comprehensive cancer center, we made a commitment to no delays and to maintain our cancer patients care and treatments. The Covid virus did create environmental issues that created treatment issues.

- We needed to prepare for the inpatient surge of Covid patients and assess the possibility of moving inpatient treatment to the ambulatory setting.
- We needed to set up a screening method to evaluated patients for exposure before they arrived for treatment , exposure during treatment and guidelines to start or restart chemo treatment after Covid illness.

BACKGROUND

The Covid virus hit the US and LAC/USC medical center mid-March bringing with it fear and uncertainty for all of us. The unknown for the cancer patients was increased 10-fold with the addition of the virus and treatment considerations for their Cancer care plan. Working at one of the largest county hospitals in the country we have a large cancer population who are indigent with no health insurance. They are not only challenged by there illness but language barriers , economic barriers and health care access barriers.

Ensuring they received their Chemotherapy treatments safely when they are free of Covid , during Covid and post Covid was a major challenge due to the already mentioned barriers

OBJECTIVES

We reviewed the inpatient admissions book and those Hematology and Oncology chemo treatments that we thought could safely be transitioned to the infusion clinic.

Chemotherapy treatments regimes were identified that could safely transition to the ambulatory setting with little modification.

A review of the staffing and chair available for the Infusion clinic was evaluated to handle the increased workload.

Protocols were reviewed modified to meet the ambulatory guidelines for infusion and all Chemotherapy certified staff educated on the additional treatment regime.

PROCESS, INTERVENTIONS, STAGES

STAGE 1

In the ambulatory chemotherapy treatment setting our challenges centered around identifying Covid positive patients before they were treated'

- WE had several patients come in for treatment who had
 - 1)Close exposures,
 - 2)Were positive and did not know or did not notify the chemo care giver team.
 - 3) Were in quarantine but came in to get treatment.
- All of these issue resulted in exposure to the nursing staff, other patients and danger to the patient who got treated during an active infection.

A screening call system was set up to identify Covid positive patient before they came in for treatment

Positive Phone Screen or PUI

- 1.Notify On-call service provider
- 2.Provider decides on plan of treatment and COVID testing
- 3.If patient is negative provider needs to follow up to ensure patient gets back to the infusion center on a timely manner.
- 4.If patient is positive provider needs to follow up to ensure patient has proper supportive treatment for COVID.

Confirmed COVID-19 test

- 1.Notify On-call service provider
 - 2.Follow expected practice recommendations from DHS.
- Reschedule patient previously diagnosed with coronavirus/COVID-19 until patient has not have fever for at least 72 hours (without use of fever reducing medication) AND cough and shortness of breath have significantly improved AND at least 14 days have passed since first symptoms appeared.

PROCESS, INTERVENTIONS, STAGES

STAGE 1

A screening call system was set up to identify Covid positive patient before they were admitted for their Chemotherapy treatment'

In addition, all Chemo admissions were tested upon arrival. Testing took 2-4 hours for results . Once Covid test resulted as negative RN proceeded with admission and Chemotherapy ordered.

If patient resulted as Covid positive . Further medical evaluation took place. Decisions were made to keep patient admitted or to Discharge and return 14 days form diagnosis for next chemo treatment . All this depends on symptoms.

If patient developed symptoms during admission (Fevers, chills, cough ect) they were tested again. If they turned positive Chemo treatment was stopped and further evaluation took place.

LESSONS LEARNED

Patients are desperate to get their chemo and will not be forthcoming with Covid issues. Such as symptoms or exposure.

We needed better screening in the ambulatory setting to ensure we assessed Patients Covid exposure . We did not have the capability to test in the ambulatory setting so added a telephone call 24 hours before chemo too R/O covid patients .

Patients are desperate to get their vaccine and will not comply with NCCN guidelines to avoid certain times during treatment.

Telemedicine may not be the best option for Chemotherapy patients who speak different languages, do not have the technological resources and have serious toxicities!!!!!!!

EVALUATION

COVID Times Now



Pre Covid times

