Background: Oral chemotherapy (OC) is an efficacious albeit toxic treatment of Malignant hematological diseases. Multidisciplinary oral chemotherapy clinics (MOCC) have been proven to improve care in patients with solid tumors such as prostate and gastrointestinal cancer but there is little data in the Hematological setting. A MOCC was formed to determine if it would lead to a 20% decrease in emergency department (ED) visits and hospital admission over a 10-month period after implementation in patients with Malignant hematological disease on oral chemotherapy. Methods: A chart review of patients on oral Hematological drugs was performed for baseline data. A MOCC consisting of a nurse and a pharmacist was established, with physician backup. Checklists that were drug and disease specific were created for 5 different drugs (Lenalidomide, Ibrutinib, Dasatinib, Nilotinib and Takeda) for treatment initiation, follow-up and monitoring and incorporated into the electronic health record. This model was piloted and outcomes were measured to determine improvements in medicine reconciliation, documentation of adverse events, dose modification, patient compliance, unscheduled MD assessments and ED visits. Qualitative interviews were performed with patients and nurses to assess satisfaction with this team approach. Results: 30 patients with Hematological malignancies were enrolled sequentially during the 10-month period. After a median follow up of 7 months, there was 100% medicine reconciliation and 92% compliance with treatment protocols; 47% of patients had interventions that would not have previously been documented or addressed. There was a 20% increase in unscheduled MD assessments and a 33% decrease in ED visits and hospital admission from baseline. Both patients and nursing staff were satisfied with the team approach. Conclusions: In a community setting, the implementation of MOCCs resulted in early recognition of AEs and reduced ED visits. In addition, the new model lead to improved patient and staff satisfaction.

OBJECTIVES
Multidisciplinary Oral Chemotherapy Clinic (MOCC)
- Nurse and pharmacy, MD oversight
- Standard teaching and monitoring of OC

Primary Outcome: Decrease ED visit by 20% after 12 months of implementation

Process measures
- Documentation of OC in 100% of nursing assessments
- Increase in interventions by 20% by nurses
- Patient and staff satisfaction

Balancing measures
- MD and Nursing/Pharmacist appointments

METHODS
1. Creation of standard sheets and protocols for staff and patients
2. Teaching pharmacy MOCT tools
3. Assessment protocol according to ASCO/ONS guidelines
4. Standardized MD oversight
5. MD and nursing/pharmacy support

2. Patient selection: patients on oral chemotherapy for Hematological Malignancies approached consecutively, >18yrs and able to consent
3. Measurements: chart review to identify interventions + ED visits/admissions
4. Satisfaction: Qualitative interviews performed by an independent interviewer (KD Consultancy) semi-structured interview

RESULTS
- Trends in 30 consecutive patients on oral chemotherapy with ED visits
- ED visits and interventions

LIMITATIONS
- Single center, community
- Small numbers of patients
- Qualitative interviews for satisfaction (bias)
- Phone calls were not measured
- Did not involve primary care physicians nor ED

CONCLUSIONS
Decrease ED visits → not statistically significant
Secondary objectives:
- Increase in the number of nursing identified interventions
- Early recognition of AEs of OC
- Increase in number of assessments → increase nursing/pharmacy

Very well received by patients and staff

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REFERENCES

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