Ambulatory Care Services for Teenagers and Young Adult Patients

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What is Ambulatory Care?

- A service that delivers acute treatments and/or supportive care given in a day unit setting. These treatments would otherwise be delivered on an in-patient ward.

- Eligible patients attend AC daily for treatment and/or assessment:
  - Daily nursing assessment
  - Medical assessment
  - Treatment/ Investigations
  - MDT referrals as normal

- Overnight patients & carers reside in Cotton Rooms Patient Hotel or a ‘Home from Home’ - Pauls House

- Some eligible patients can stay at home.
Our Service

- Started in June 2011
  - Simple regimens (post methotrexate hydration)
  - Supported ward staff to prepare patients for AC
  - Adolescent service separate to adult service
  - First of its kind for age group within UK

- April 2012 TYA AC Service to support patients aged 13 – 24 yrs
  - Regimens more complex
  - July 2012 first BMT patient

- Since over 250 admission to the Ambulatory Care Service
- Up to 30 admissions per month
- Multidisciplinary service
- Treat patients from 1st cycle within AC
Aims of Ambulatory Care

- Improve patient experience
- Promote independence and ‘normality’
- Encourage peer support
- Minimise unnecessary hospital stays
- Provide an age appropriate service
- Offer an alternative method of care
- Give control
Operational Practicalities

- Patients have choice to receive care on ward or on AC
- Email referral system (TYA Ambulatory Care Unit)
- AC staffed 7 days/wk - 08:00-18:00
- Overnight bed reserved for emergency admissions
- 24 hour mobile phone access to nursing/medical advice
- AC team handover to ward team overnight
- All patients are reviewed daily by their team: SHO/Reg
- Consultant ward rounds
Patient Eligibility to Ambulate

Eligible patients must:

- Patients must 13 - 24 years of age
- Consents to staying in AC
- Patient or carer must speak and read English
- Those with limited mobility must have carer
- Have a Mobile phone
- Have a Thermometer
- AC team must be happy that patient is suitable for AC

NB If patient 18+ carer is desirable but not mandatory. However ALL patients must have a carer for 1st 2 admissions to AC
Patient Accommodation

- All accommodation less than 5 minutes walk from hospital

- Cotton Rooms Patient Hotel
  - University St
  - UCLH funded
  - Patient alarms

- Clic Sargent Pauls’ House:
  - Huntley Street
  - Charity Funded
Ambulating from Home

Patients may be eligible to stay at home if:

- They live within 60min travel time to UCLH (AA route finder)
- Have family/friend that is able to drive to UCLH at any time
- Must have a mobile and be contactable
- Must be agreed by Consultant
### Treatments

<table>
<thead>
<tr>
<th>Haematology</th>
<th>BMT</th>
<th>Sarcoma</th>
<th>Oncology</th>
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</thead>
<tbody>
<tr>
<td>ADE</td>
<td>BEAM/LEAM</td>
<td>HD Mtx</td>
<td>BEP</td>
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<td>DA</td>
<td>Treo/Mel</td>
<td>VIDE</td>
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<td>ESHAP</td>
<td>BEAM/LEAM Campath</td>
<td>VAI</td>
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<td>MiniLEAM/BEAM</td>
<td>Flu/Cy/Campath</td>
<td>Ifos/Dox</td>
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<td>IVE</td>
<td>FMC</td>
<td>IVADO</td>
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<td>HD Ara-C</td>
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<td>IE</td>
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<td>FLA-Ida</td>
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<td>Cis/Dox</td>
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Delivery Systems – Backpack System
Backpack System Example: HD Methotrexate

- 3l Backpack 24 hr hydration with Sodium bicarbonate via CADD system
- Patients taught to self manage fluid balance charts and undertake urinalysis
- Patients understand when to seek help:
  - Identify Low pH
    - Urine pH 6.6 – 7  Take 1g Sodium Bicarbonate capsules
    - Urine pH 6.1 – 6.5  Take 2g Sodium Bicarbonate capsules
    - Urine pH less than 6  Phone straight away – you will need intravenous sodium bicarbonate
- Monitor & Record (PU at least 100ml/hr average)
- Reduced/ altered urine output
- Large positive balance (>1L)
- Safe handling of urine
Patient Education & Compliance

- Clear written education provided
- Promotion of self management & supported to ensure:
  - Ability to measure urine and complete accurate fluid balance (when required)
  - Undertake urinalysis – (pH or haematuria)
  - Self medicate – pharmacy and nurse counselling, including complex drug regimens
  - Recognise signs and symptoms as to when they should call for help, such as:
    - Infection
    - Uncontrolled nausea and vomiting, diarrhoea
    - SOB, difficulty PU’ing,
  - Ability to perform basic trouble shooting of infusion pumps
  - Ability to manage a chemotherapy spillage

If the patient is unable to do this, then parents/ carers can take on these responsibilities
Ambulatory Care Service to date
Monthly Admissions June 2012 – Oct 2013
Reducing time in hospitals

- VDC/IE commonly used Sarcoma regimen

- Old practice:
  7 nights x 7 cycles = 49 nights on ward

- New Practice:
  4 nights x 7 cycles = 28 nights in AC
  43% reduction in nights stay

- How?
  - Oral mesna tolerance
  - Backpack hydration system
  - Switch to use polyfuser pumps
## AC Admissions to Inpatient Bed

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<tr>
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<th>&gt; 24 hrs stay</th>
<th>&lt; 24 hrs stay</th>
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<tbody>
<tr>
<td>22 expected admissions</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>2 inappropriate referrals</td>
<td>3 symptom management</td>
<td>2 compliance issue</td>
</tr>
<tr>
<td>3 symptom management</td>
<td>2</td>
<td>1 PICC issue</td>
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<tr>
<td>Unexpected admission</td>
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- **Elective BMT Admission:** 87%
- **Not admitted:** 7%
- **Haem admission:** 2%
- **Inappropriate Referral:** 2%
- **Symptom management:** 2%
- **Other:** 2%
Challenges of Ambulatory Care

- Ensuring patient and carer supported
- Engaging ward staff and clinical teams
- Staff education - nursing and medical
- Promoting patient choice
- Inclusion of wider MDT into patient care whilst in AC
- Out of hours support to patients and staff
- Burden of AC patients on ward staff out of hours
- Impact of AC on ward dynamic
- Shift to nurse led service
- Capturing all patients feedback (inc those who do not ambulate)
- Engaging younger patients and families in AC
Patient Feedback

Improvements:

‘better communication to have things ready’
‘Possibility of having more visual aids before you come in’
‘24 hour nurse in the accommodation’
‘Red bull & big mars- otherwise the experience was excellent’

Comments:

‘it’s teamwork throughout’
‘Brilliant System. Top class facility’
‘I really appreciate having my treatment this way’
‘made such a difference to treatment – thank you’
Future of Ambulatory Care

- Develop more AC Pathways & adapt regimens
- Open a 7 day service within TYA environment
- Nurse led service
- Support more patients to ambulate from home
- Increased number of younger patients
- External advertising
- Peer support groups/activities
TYA Ambulatory Care Contact Details

- TYA AC based on TYA Day Care, 3rd Floor, Macmillan Cancer Centre
- Ext 71837 / 71867
- AC Mobile no: 07736082985
- Email: TYAAmbulatoryCareUnit@uclh.nhs.uk
- Lead Nurse: Bethan Ingram 07425 017 442