

Emergency Response in Outpatient Oncology Care: Improving Patient Safety

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Treatment of patients continues to shift toward the outpatient setting, with the volume and acuity of patients increasing (Peberdy, Boze, & Ornato, 2002). Patients with cancer who are treated in ambulatory care have the potential to develop life-threatening complications because of their disease and treatments. Many biologic and chemotherapeutic agents given in the outpatient setting can cause anaphylaxis, requiring immediate interventions to prevent further complications and death (Polovich, Whitford, & Olsen, 2009). Consequently, oncology nurses working in outpatient treatment centers are faced with increasing numbers of patients with higher acuity levels, often receiving medications that cause life-threatening complications. The purpose of this article is to demonstrate how one outpatient cancer center responded to such demands and developed a system to rapidly detect changes in patient status and improve responses to emergencies.

Rapid Response Teams

The Joint Commission's (2008) Patient Safety Goal #16 is to improve recognition and response to changes in a patient's condition. The Joint Commission further recommended that organizations select a method to enable healthcare staff to request additional assistance from specially trained individuals when a patient's condition appears to worsen. The Institute of Healthcare Improvement's (2008) 5 Million Lives Campaign outlined recommendations to significantly reduce

morbidity and mortality in health care. One of the recommended strategies is to deploy rapid response teams (also called rapid assessment teams) at the first sign of declining patient status. The concept of rapid response teams developed as a way to identify patients who have a sudden change in status and, thus, prevent cardiac or respiratory arrest (Morse, Warshawsky, Moore, & Pecora, 2007).

Improving Rapid Response: A Case Study

The following case study describes the development and implementation of a process to improve early detection and response to emergencies, including a rapid response team, at Alta Bates Summit Comprehensive Cancer Center (ABSCCC) in Berkeley, CA.

Background

Cancer care at ABSCCC is provided at the Herrick Campus of the Alta Bates Summit Hospital System. The location includes a cancer center and inpatient psychiatric and rehabilitation units but does not maintain an emergency department or intensive care unit. In addition to outpatient infusion treatments for hematologic and oncologic conditions, the center provides radiation therapy, an apheresis unit, access to research

services, and a variety of supportive and complementary services, including social services and acupuncture. The center has an examination station, where patients are seen by oncologists for initial consultation, treatment planning, and ongoing evaluation during treatment. Additional services include on-site laboratory services, x-ray, computed tomography imaging, and an oncology pharmacy. Twenty physicians and nurse practitioners specializing in a variety of hematology and oncology issues work at the center. The number of nurses working in various departments throughout the center on any given day can range from 20–30. The center provides services to approximately 200 patients per day. Having services and personnel dispersed throughout a 54,000-foot center makes rapid response for emergencies challenging.

Life-threatening conditions are handled with an emergency response system. When 911 is dialed, the local paramedics are dispatched to the center two blocks away. Healthcare providers administer cardiopulmonary resuscitation until paramedics arrive. Chemotherapy with a high risk for hypersensitivity reactions or anaphylaxis is covered by a hypersensitivity policy. At the first sign of a reaction, the nurse initiates a standing protocol, which includes stopping the agent, hanging an IV of normal saline, and administering medications such as

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