

Patients with cancer should report symptoms related to treatment, but many patients not actively being treated for disease present to oncology clinics for care that could be managed in other settings. These nonessential visits may lead to lessened appointment availability for patients with essential issues related to disease and treatment. In an outpatient breast cancer clinic, a quality improvement initiative was implemented to decrease the number of nonessential patient encounters and to increase the number of essential encounters. This intervention involved creating and implementing a triage protocol used by nursing staff to designate appropriate levels of care. Findings suggest that doing so can optimize workflow and improve patient access to essential disease- and treatment-related care.

#### AT A GLANCE

- Patients with cancer often present to oncology clinics with primary care issues that are best managed in other settings.
- A triage protocol for scheduling patients with essential healthcare issues and referring patients with nonessential issues to an appropriate setting has resulted in improved healthcare access.
- Implementation of a triage protocol can occur in other populations and may result in improved clinic workflow.

#### KEYWORDS

advanced practice; breast cancer; symptom management; triage

#### DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.475-477

# Quality Improvement

## Increasing essential visits in a triage clinic

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Unexpected health issues are an inevitable part of the care of patients receiving active therapy for their cancer. In addition to side effects from therapy, patients often experience acute primary care problems, including urinary tract infections, conjunctivitis, ear infections, and upper respiratory infections, during this time. Although it is essential that patients report symptoms related to therapy, many patients who are not on active therapy present to oncology clinics for care that could be managed in other primary or acute care settings.

At the University of Texas MD Anderson Cancer Center in Houston, a National Cancer Institute–designated comprehensive cancer center, it was observed that many patients presented to the Breast Medical Oncology (BMO) Triage Clinic for health issues not related to disease or treatment. Although these concerns are important, more than 50% of clinic appointments were being used to address them, consequently affecting the availability of appointments for disease- and treatment-related follow-up. An opportunity was identified to improve the triage process as a means to better direct patients to access appropriate care and to increase the number of essential clinic appointments scheduled for management of disease and treatment.

### Background

Economic and resource issues exist when patients are treated in a setting that

provides a higher level of care than indicated for patient needs. McWilliams, Tapp, Barker, and Dulin (2011) reported that emergency department (ED) charges for managing primary care issues were 320%–728% higher than those for primary care clinics. Also noted was that a potential savings of 69%–86% could occur if patients were managed in primary care clinics instead of EDs (McWilliams et al., 2011). As a result, there is the potential for significant cost savings when patients with primary care issues are triaged to a primary care setting rather than provided with care in an ED or another acute care setting (Van den Heede & Van de Voorde, 2016).

In addition, the New England Healthcare Institute (2010) estimated that \$38 billion in wasteful spending occurs each year because of ED overuse. Managing patients with nonessential issues in medical oncology clinics may contribute to such uneconomical healthcare spending. Some factors driving ED overuse include lack of access to timely primary care services and direct referral of patients to the ED for symptom management by primary care providers (New England Healthcare Institute, 2010; Van den Heede & Van de Voorde, 2016). Strategies to curb ED overuse include redesigning primary care to improve access and scheduling patients at alternative sites for nonurgent primary care issues (New England Healthcare Institute, 2010).

### Problem Description

The BMO Triage Clinic at MD Anderson Cancer Center was set up to manage new treatment-related problems that arise