

# A Quality Improvement Project to Increase Utilization of an Urgent Care Clinic for Cancer

April R. Gallik, DNP, APRN, AGNP-C, Susan W. Buchholz, PhD, RN, ANP-BC, FAANP, FAAN, Karen Mayer, PhD, MHA, RN, NEA-BC, FACHE, and Teresa O'Brien, MSN, RN, OCN®, AGNP-C

**BACKGROUND:** Nationally, patients with cancer experience high numbers of emergency department (ED) visits. Many ED visits may be prevented using cancer-specific urgent care services.

**OBJECTIVES:** The purpose of this quality improvement initiative was to first assess the reasons that adult patients with cancer used the ED instead of an urgent care clinic for cancer (UCC-C). Second, an education program was developed and implemented to improve UCC-C use.

**METHODS:** Using semistructured interviews pre- and postintervention (education program about ED/UCC-C use), this project described knowledge of adult patients with cancer about using the ED instead of the UCC-C. The project also evaluated the efficacy of the education intervention.

**FINDINGS:** Pre- to postimplementation change showed an increase in patient UCC-C knowledge, patients who said they would present to the UCC-C, and patients who presented to the UCC-C for treatment. In addition, there was a decrease in adult patients with cancer who presented to the ED and were subsequently hospitalized.

## KEYWORDS

quality improvement; urgent care; emergency department; cancer

## DIGITAL OBJECT IDENTIFIER

10.1188/22.CJON.48-53

**CANCER IS COMPLEX AND OFTEN REQUIRES MANAGEMENT** of secondary conditions caused by cancer itself (e.g., pain, bowel blockage), cancer treatment (e.g., risk of infection, nausea, vomiting), and concurrent comorbidities (e.g., diabetes, cardiovascular disease) (Lash et al., 2017). Comorbidities of cancer can be preexisting and exacerbated or directly caused by cancer treatment, potentially complicating the clinical picture during an emergency department (ED) visit (Lash et al., 2017). Most ED clinicians lack oncology-specific medical training, which affects the treatment of patients with cancer and may lead to increased hospital admissions, including those that may be unnecessary (Ayers, 2018; Battaglia, 2018; Yang et al., 2018).

Nationally, patients with cancer experience high ED and hospital admission rates. In 2018, 56% of Medicare patients who had received chemotherapy visited the ED, and 63% of these visits resulted in hospitalization (Battaglia, 2018). Nationwide statistics show rates of ED use among patients with cancer to exceed those of the general population by 20% (Lash et al., 2017). In addition, patients with cancer-related complications were identified as having a higher likelihood of being admitted to the hospital, as compared to those without a cancer diagnosis (60% versus 16%, respectively;  $p < 0.001$ ) (Battaglia, 2018). In addition, about 80% of patients with cancer who visited the ED because of a cancer-related complication were admitted to the hospital (Ayers, 2018).

Patients with cancer present to the ED for a multitude of reasons, the most significant of which is pain (Ayers, 2018; Lash et al., 2017; Sadik et al., 2014; Scholer et al., 2017; Yucel et al., 2012). Secondary to pain is infection (Ayers, 2018; Ruegg, 2013; Sadik et al., 2014). Other common diagnoses among patients with cancer in the ED include fever, nausea and vomiting, diarrhea, dehydration, and headache (Ayers, 2018; Lash et al., 2017; Sadik et al., 2014; Scholer et al., 2017; Yucel et al., 2012).

According to the evidence, many ED visits among those diagnosed with cancer may be prevented through strategies that include increased education of cancer-related side effects for both patients and healthcare providers, and institution of cancer-specific urgent care clinics (Battaglia, 2018; Handley et al., 2018; Kuo et al., 2017; Yang et al., 2018). Urgent care clinics for cancer (UCC-Cs) facilitate on-demand specialty care for patients with cancer, increase access to care, and have lower costs (Ayers, 2018). Urgent care clinics specializing in cancer enable patients to receive care from providers who are more familiar with chemotherapy side effects, comorbidities, and treatment plans (Ayers, 2018). Of note, use of a UCC-C has been shown to