



Kathy Keener, MSN, RN, OCN

Improving the Chemotherapy Experience through Telephone Communications: The Follow-up Phone Call

BACKGROUND

- Chemotherapy patients can experience significant side effects (SE) post outpatient discharge (DC)
- Readmission rates are higher in cancer patients, possibly with preventable side effects
- Post-discharge phone calls are shown to improve symptoms, decrease ED use and hospitalizations

LOCAL CONTEXT

- Teaching new chemo patients in the outpatient clinic is challenging; requires a large amount of information in short amount of time
- Family often reinforces teaching after DC; COVID prevented family attending teaching
- Patients forgot critical information and/or lacked confidence in managing SE once home
- Oncologist not always located in CCPT building, potentially causing disconnect in care

PURPOSE

- The project aims to increase quality of care through management of SE in new chemotherapy patients, preventing ED use and hospital visits
- The study investigated:
 - Self-efficacy in managing SE
 - List side effects and who they called
 - Helpfulness of discharge (DC) instructions/binder
 - Prescription compliance to manage SE
 - Knowledge of who to call with problems
 - Oncology follow up (FU) visit
 - Other concerns with home care
 - Satisfaction with FU phone call
- Average length of time on phone call

METHODS

- Design: Evidence-based project
 - Setting: Outpatient Cancer Center Infusion Clinic
 - Participants: Adult patients, English speaking, novice chemo patients with a variety of cancer diagnoses
- Procedure:
- Chemo certified nurse reviewed patient discharge information; script developed for FU call
 - New patients logged in a binder with start date
 - One attempt to contact patient at end of first week by telephone to ask survey tool questions
 - Data collected for 6 months

LIMITATIONS

- Small sample size, English speaking only
- Patient input only. Family conversations not included in data
- Limited 1 phone call attempt only
- Calls not always done at optimal time after discharge
- Patients may have been reluctant to admit dissatisfaction with call

N = 18

Question	Not at all	Little	Moderately	Great deal	Totally Confident
Confidence in managing SE at home?			4 (22%)	9 (50%)	5 (27%)
Discharge Instructions helpful?			2 (11%)	6 (33%)	10 (55%)
Satisfaction With FU Phone call?				3 (17%)	15 (83%)

RESULTS

- Majority of patients confident in managing SE, found DC instructions helpful, satisfied with call
- 6 called MD for dehydration, cramping, blurred vision, nausea, pain. 1 sent by MD to ED
- 16 reviewed chemo binder
- RX taken appropriately to manage SE: 12 yes, 1 no
- 100% knew who to call with an issue; most knew to follow-up
- Home concerns: 5 when to call MD, port, J-tube, vitamins, hair loss (2)
- Average phone call time: 5.8 minutes

FURTHER RESEARCH

- Further research needs to be done with larger sample size, non-English speaking patients and allowing surveys to be completed by caretakers
- Relatively short FU call gave opportunity to advise patients on care and report problems to Oncologist
- Patients felt confident in managing SE and knew who to call for concerns
- 90% found DC instructions helpful

CONCLUSIONS

- Short FU phone calls effective in evaluating compliance, comprehension and satisfaction post DC
- Continue current teaching practices in chemo clinic
- Patients expressed unsolicited gratefulness for call
- Recommendation: continue follow up phone calls

REFERENCES

Available upon request Kathy.Keener@stjoe.org