Oncology Referral to Chemotherapy Initiation: Improving timely access to care in Infusion Clinic

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**Purpose**
This Evidence-based Practice (EBP) project aimed to increase quality of care and satisfaction through improving TTI. Investigated current workflow, scheduling guidelines, average wait, completed/incomplete referrals delay reasons and whether controllable, satisfaction and expectations for TTI.

**Background**
- Time-to-treatment (TTI) is important in cancer care, no pre-existing standards.
- 4-week delay associated with increased mortality.
- Multifactorial treatment delays – commonly because of missing labs.
- Policies to decrease delays could increase survival.
- Infusion goal: the patient will be scheduled in 3 working days

**Methods**
- Participants: adult cancer patients in OP infusion center
- Procedure pre-data at 3 month, interventions, 3 months post-data
- Procedure: Relief charge reviews referral, schedules patient completes chemo tracker

**Results**
**Pre Data**: Nov, Dec, Jan (N32)
- Complete: 26
- Incomplete: 6, 3 no labs
- Met goal: 4

**Post Data**: June, July, Aug (N31)
- Complete: 28
- Incomplete: 3, 1 no labs
- Met goal: 9

**Discussion**
- Various reasons for delay – some controllable including lab results, referral delay, radiation therapy
- Comprehensive interventions: workflow & scheduling guidelines, teaching with MD office
- Post data improvement

**Practice Implications**
- Referral/scheduling guidelines
- Management can improve TTI
- MD office patient education is crucial
- RNs critical in managing barriers
- Investigation needed during non-holiday, COVID

**Data**
**Improvements Achieved**

<table>
<thead>
<tr>
<th></th>
<th>Pre (N32)</th>
<th>Post (N31)</th>
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<tbody>
<tr>
<td>Complete referral</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Scheduled w/in 3 days</td>
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<tr>
<td>Incomplete referral</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Lab delays</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Delays within our control</td>
<td>4</td>
<td>9</td>
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<tr>
<td>Average wait days</td>
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*Data includes some patients that were not ready to be scheduled, affecting average wait days

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References available upon request.