

Oral Oncolytics: Using Remote Technology to Improve Access, Operational Efficiency, and Satisfaction

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Oncology care management via oral oncolytic therapy requires frequent laboratory monitoring for potential toxicities. A lag in these processes can result in treatment delays and care team dissatisfaction. A nurse-led quality improvement project was implemented to streamline processes, clearly define job tasks, and introduce a remote patient-reported symptom monitoring application to improve patient safety, access, operational productivity, and care team satisfaction. Project results included eliminating paper fax distribution, a 97% decrease in time required to process faxed remote laboratory results, and a 78% reduction in mouse clicks to complete laboratory orders and patient correspondence.

AT A GLANCE

- Frontline oncology nurses can identify inefficiencies and participate in process redesign to minimize waste and maximize productivity within the care team.
- Interprofessional care teams can use technology to optimize patient access and adherence to oral oncolytic therapy.
- New approaches to facilitate remote monitoring applications can enhance productivity, create a culture of safety, and foster continuous quality improvement.

KEYWORDS

oral oncolytics; remote patient monitoring; patient safety; quality improvement

DIGITAL OBJECT IDENTIFIER

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More than 290,560 patients are projected to be diagnosed with breast cancer in 2022 in the United States, and 43,780 patients will die from the disease (Siegel et al., 2022). At a National Cancer Institute–designated comprehensive cancer center, the breast center evaluates approximately 5,000 new patients and conducts 40,000 clinic visits annually. In this population, 2,100 patients with breast cancer have advanced stages of disease and may receive oral oncolytic therapy. Several classes of oral biologic agents can lower blood counts and affect other organs, which can place patients at increased risk of developing significant complications from a COVID-19 infection. An example is neutropenia, which is a common side effect that requires monthly laboratory monitoring (Diéras et al., 2019; Mehta et al., 2020; Nishijima et al., 2016; Rugo et al., 2014; Ueda et al., 2020).

According to a report by the Future of Nursing, front-line nurses need to be actively involved with quality improvement projects (Wakefield et al., 2021). Prior to the COVID-19 pandemic, the processes for ordering and receiving external laboratory tests and results for all patients within the breast center were complex, inefficient, and inconvenient, resulting in challenges for patients and care teams. During the pandemic, these processes became more problematic and required new approaches to reduce inefficiencies while maintaining patient safety and adherence to care plans. Realizing the opportunity for improvement, a breast center nurse practitioner sought funding to improve unit processes and minimize the burden experienced by the care team and patients.

Opportunity for Improvement

A yearlong, nurse-led initiative was conducted with the goal of offering a remote monitoring solution for 723 patients in the breast center receiving oral oncolytic therapies. A quality improvement team was formed, which consisted of the department of breast medical oncology’s chair, a nurse practitioner project manager, a database liaison, three breast center nurse leaders, two medical assistants, and two breast center pharmacists. The committee met monthly and collaborated with internal consultants from quality improvement and health informatics. Patients were motivated to