

Background

- Remote symptom monitoring (RSM) can improve symptom control, functioning, treatment adherence, and overall survival
- Implementation challenges have led to limited RSM monitoring use in oncology
- Limited resources demand efficiency in program design and implementation to meet patient needs without overburdening staff

Methods

Collaborative, consensus seeking approach among nursing teams used to co-design program and implementation strategies.

Nursing team representatives met iteratively over 8 months to plan and optimize program content, implementation strategies, and workflow integration.

ePRO-experienced research nurse facilitated program design-focused meetings. Facilitation transitioned to two nurse managers when focus pivoted to implementation processes.

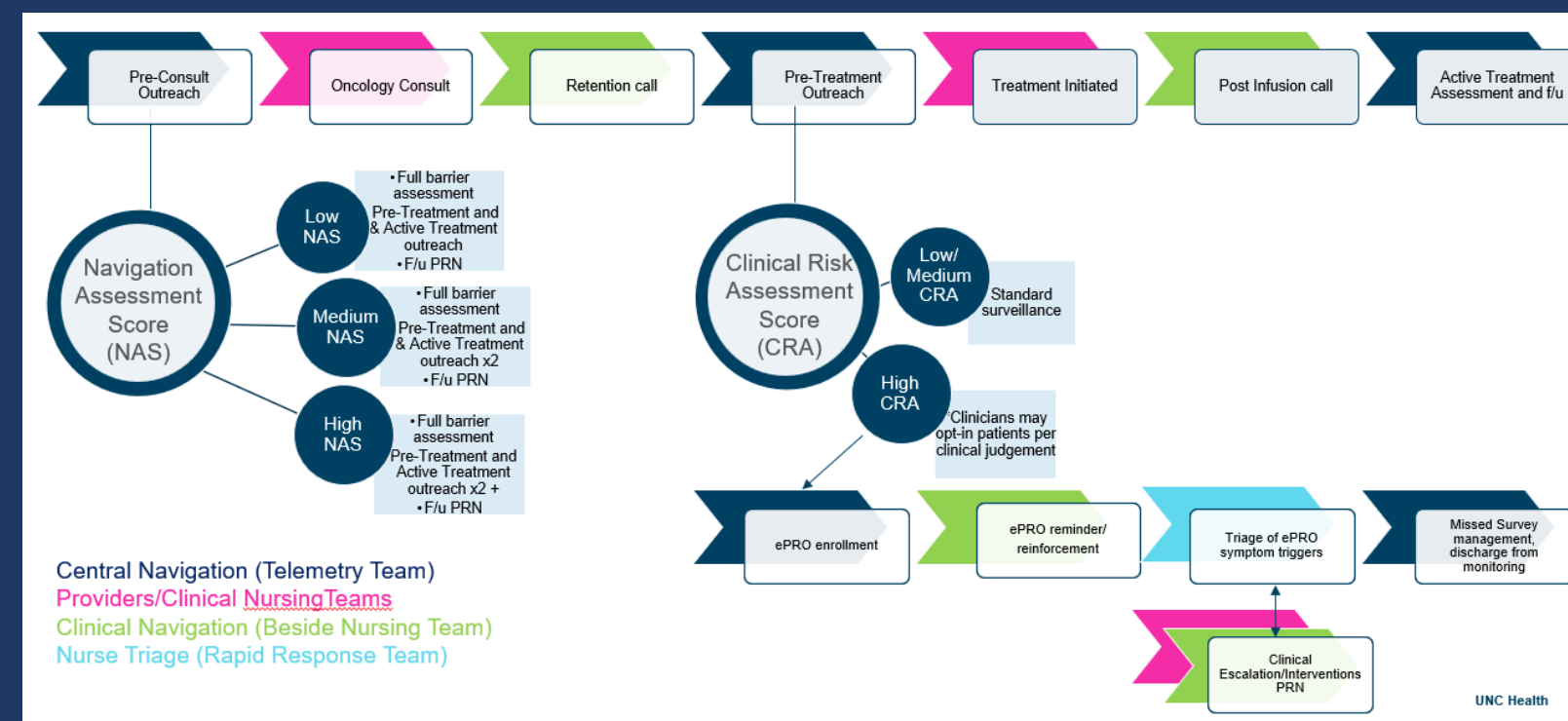
Key decisions transparently documented during meetings. In between meetings, nurse managers identified next steps and outlined clear objectives for next meetings.

Program Design

- Symptom monitoring program targets patients in top 10th percentile of risk for unplanned hospital stay and/or ED visit
- Distributes program enrollment, survey support, symptom monitoring, and alert response across multiple nurse teams

INNOVATION

Risk Stratification for Patient Eligibility
Prognostic model* identifies those at highest risk of ACEs.



Stein, Dunham, Wood, Ray, Sanoff, Elston Lafata. Predicting Acute Care Events Among Patients Initiating Chemotherapy: A Practice-Based Validation and Adaptation of the PROACCT Model. JCO Oncol Pract. 2023;19(8):577-585.

Nurse-Driven Integrated ePRO Model

Approach mirrors inpatient telemetry/rapid response workflow

Central Navigator	Telemetry	Clinical Navigator	Primary RN
Onboarding to RSM program (HealthPlus)	Attach patient to the monitor	Communicates regularly with patient	Primary bedside nurse
Baseline social and symptom assessment	Run first set of vitals	Obtains thorough knowledge of tx plan	Bedside rounds
SBAR to Clinical Navigator	Report to team	Receives weekly symptom profiles	Bedside vitals and pt data
Dashboard and missed surveys monitoring	Early Warning System Monitor disconnection	Checks in with pt, reinforces survey compliance	Bedside alarms, notification from telemetry
Consult with Clinical Navigator for concerning patterns and social issues	Bedside consults for vitals alarms and determine root cause	Discusses with MD/APP/ CPP for alert management	Standing orders, verbal orders, written orders
Lead multidisciplinary huddle for high alert pts	Telemetry rounds for watch list	Consults with Central Navigator for pt concerns	Bedside consult, multidisciplinary rounds
		Consults with triage RN for immediate needs	Calling a Rapid Response Team

Triage Nurse	Rapid Response Team
Receives weekly symptoms alerts	First pass alert review
Immediate response for specific types of alerts	Immediate response to clinical decompensation
SBAR to Clinical Navigator for any other alert, and/or interventions performed, and/or for provider orders	Communication and debrief with bedside team
Initiate Oncology Urgent Care process when in-person escalation needed	Transfer to ICU

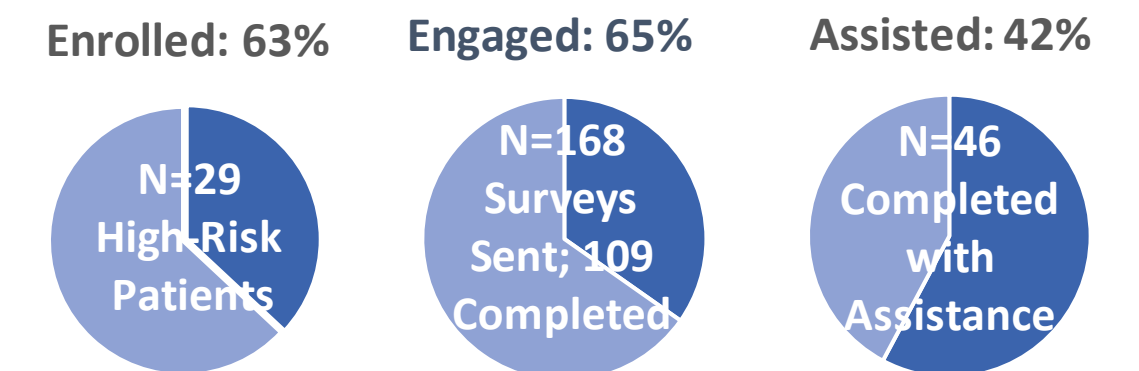
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Project supported by a patient navigation capacity-building grant from the American Cancer Society (ACS)

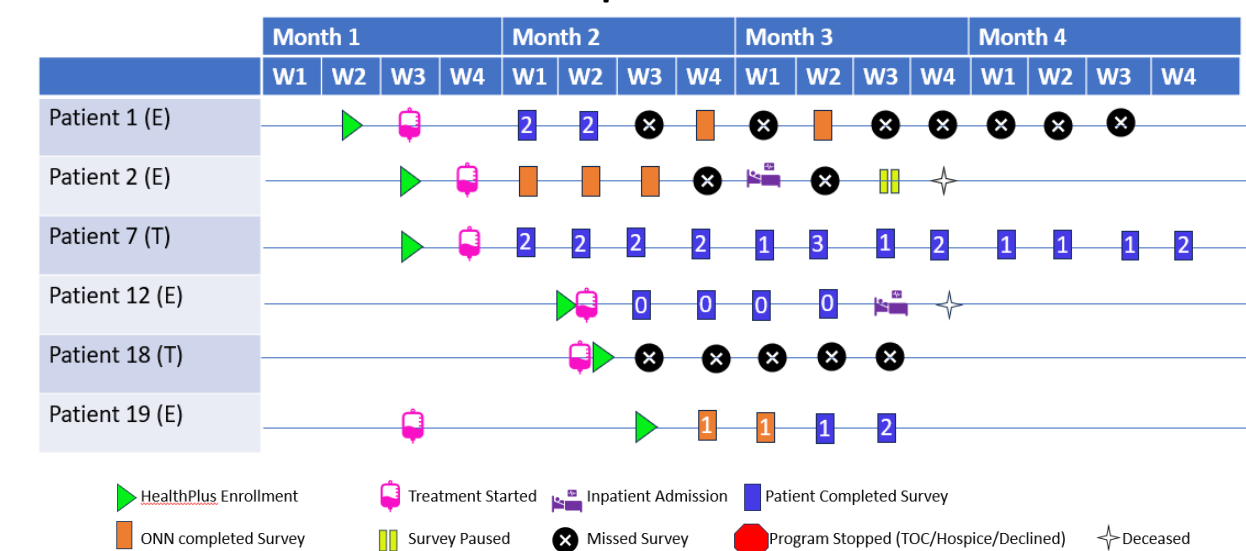


Interim Results

- Nightly report uses cancer diagnoses & drug categories from chemo infusion treatment plan along with age & prior hospital/ED to identify high-risk patients for RMS
- Weekly symptom surveys during first six weeks of treatment completed via text/email link, IVR, or with staff assistance
- GI patients reached since 12/15/23



Illustrative Patient Experiences



Sustainability & Next Steps

- Co-design process ensured program (1) aligned with current roles, expertise, and workflows, (2) rapid patient alert responses, and (3) leadership support.
- Targeting high-risk patients prioritized those most likely to benefit from RSM without overburdening oncology clinicians.
- Preliminary experiences illustrate need to combine automated and high-touch support for equitable patient participation.
- Pilot results will be used to simulate full-scale implementation resource needs & impact.