Development of a nurse-led chemotherapy care unit (CCU) in India – a major step forward in supportive care in cancer treatment

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Organized by IASCC Indian Association of Supportive Care in Cancer

KARO

CHEMO CARE UNIT
A joint initiative by TMH & KARO TRUST

INTRODUCTION

Utility of nurse-led tele-unit to triage and manage patients experiencing chemotherapy toxicities has not been explored in India

Establishment of such units can reduce the need for hospital visits, effectively utilize the limited pool of trained oncologists and minimize the use of hospital resources

The aim of this exercise was:-

i. To provide prompt 'after chemo care' (telephonic advice) to patients receiving chemotherapy for solid tumors at TMH

ii. To reduce treatment related morbidity in patients receiving Chemotherapy for solid tumors

iii. To improve survival among patients receiving Chemotherapy for solid tumors

METHODS AND MATERIALS

A chemotherapy care unit (CCU) was formed by the Department of Medical Oncology of the Tata Memorial Hospital (situated in the city of Mumbai in Maharashtra state) in August 2022 with the help of IASCC, the Indian chapter of MASCC supported by KARO trust.

The unit comprised 10 oncology nurses, who were trained in common chemotherapeutic schedules and recognition of chemotherapy toxicities.

They were trained on eliciting the history to assess severity & management of grade 1 or 2 chemotherapy toxicities and timely referral for grade 3 or 4 chemotherapy toxicities to the oncologists.

The team was vailable 24x7 to receive phone calls

RESULTS

1. Between 22nd October 2022 to 5th December 2023 there were a total of 11903 queries.
2. 78% of the calls were from patients outside the city of Mumbai; while 35% of the calls were from patients outside the state
3. Median time to resolution of complaints was 10 mins for early grades and 24 hours (range: 24 hours -192 hours) for severe grades.
4. Telephonic advice was considered adequate for 52% of patients while 37% of patients required evaluation in a hospital based on the severity of their complaints.
5. We also observed around 30% reduction in casualty footfalls (Compared with historical data) where CCU support would be one of the most important reasons.

Figure 1. Volume of cases handled by CCU.

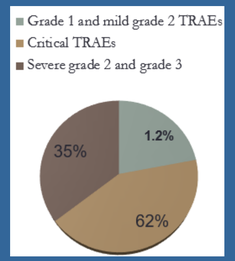


Figure 2. Severity distribution.

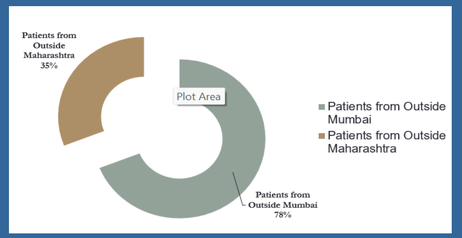
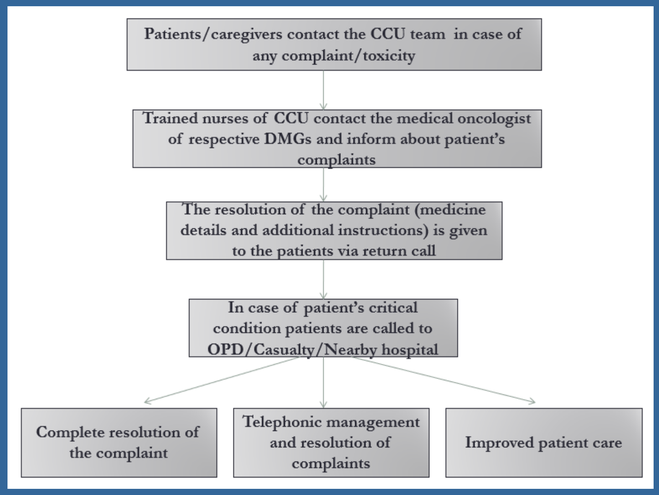


Figure 3. Region wise distribution

WORK FLOW



CONCLUSIONS

The establishment of a nurse-led Chemotherapy Care Unit was feasible in the Indian scenario and should be considered across the country as a bridge for outpatients as well as part of the continuum of care in patients receiving systemic therapy for cancers.

Trained CCU nurses can telephonically manage a significant proportion of grade 1/2 adverse events while appropriately directing patients with more critical adverse events to appropriate emergent hospital care.