

At home nurse screening of frailty in older patients (OP) with oncological disease: an experimentation feedback in Normandy



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Background

At cancer diagnosis, 1/3 of patients are aged ≥75. International guidelines recommend vulnerability screening and adapt cancer care if need be.

Mean frailty screening with the G8 according to MDT reports in OP in Normandy =10%

Methods

Objective

Offer an extra opportunity for frailty screening, and adapt OPs' referal to the required supportive care or Comprehensive Geriatric Assessment

Eligibility

Patients aged ≥70, diagnosed with cancer or hematological malignancy Prior to treatment initiation

Funding

Initial grant by Institut National du Cancer (AGEES INCA_16291), then Regional Health Agency (ARS Normandie) allowing RNs compensation and coordinators employment (URPS & UCOG)

OUR DEDICATED WEBPAGE HERE

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Progress status

January 2021 - April 2024

Communication tools: Flyers, webinars, motion design

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176 Liberal RN TRAINED

e-learning platform
or
5 in presence training
sessions + online
certification

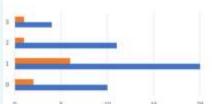
Only 2 patients with a normal frailty screening

59 PRESCRIPTIONS recorded

35 by MD's (59%) 24 by AOCNP (41%)

Number of detected frailties in relation to G8

GB > 14 # GB 614



55 SCREENINGS performed by the RNs

Mean Screening Duration: 25
min
Mean time between
prescription and screening:
9 days (recommended<7

41 results forwarded by email, 14 transmitted by the safe tele-expertise platform

days)

Pathway

Patient Reference oncologist/surgeon Advanced practice nurse Prescription DIFPAD-onco Screening for frailty Git coding / cognitive Introduction of the coding of the cod

Discussion

- 2024: Addition of the 30sec sit-to-stand chair test to improve the physical frailty screening
- Selection bias (PS in our sample?) Are all OP frail? Need for systematic screening to better identify the prevalence of each impaired domains
- Increase the number of prescriptions (raising awareness among prescribers, understanding the barriers). Transition to teleexpertise routine care (National Health Insurance fundings: 10€/prescriber and 20€/liberal RN for each patient)
- Extend the indication also during cancer treatment follow-up

Perspectives

- Assess the impact on the cancer care pathway (implementation of medication adherence supervision, rate of required SC/CGA actually offered)
- Consider generalization and transferability to other French regions

References

- Soubeyran P et al. PLoS One 2014; Dale W, J Clin Oncol 2023
- https://www.e-cancer.fr/Professionnels-de-sante/Lorganisation-de-l-offre-de-soins/Oncogeriatrie.