Geriatric Oncology Assessment: Concise and Useful in a Community Cancer Center

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Singing River Health System
Regional Cancer Center - Pascagoula, Mississippi, USA
- County government owned 2 hospital health system with extensive ambulatory care services
- Cancer Center: clinics in both hospitals with med onc, clinical research, social services, dietary, patient navigation
  - radiation therapy in one location only
  - Monday-Friday 7:30a – 5p
- 4 Hemoncs, 2 radoncs, 13 RN’s, 2 CRN’s + support staff
- 2010: new cancer cases = 742
  - Top 7: breast (115), lung (114), prostate (87), colorectal (70), GYN (38), melanoma (36), bladder (36)
- Elderly: 52% Medicare

Geriatric Assessment Issues
- Multiplicity of tools available
  - Comprehensive vs specific to domain
  - Domains to include
  - How do we integrate results into EMR prompting team communication and referral?
- Resources available to conduct CGA limited
  - Identifying staff with expertise and TIME to conduct within reasonable time interval for treatment planning
  - Geriatrician in community NOT oncology specific
  - Interval assessments to measure impact of interventions on identified deficits

Geriatric Assessment Issues
- What do we do with results of CGA?
  - Impact on treatment planning
    - Physician focus on frailty, organ function
      - What chemo regimen is most tolerable with minimal/manageable toxicity and maximum outcome?
      - Is surgery on option with existing comorbidities? Can we use neoadjuvant to minimize surgical procedure?
      - Can we hold Radiation start until patient has feeding tube placed and gained at least 5 lbs?
    - Nursing focus on coordination of care and resources for identified deficits in ADL’s, mobility, nutrition, social support, polypharmacy, finances

Potential Barriers to Implementation of CGA
- Assessment tools
  - Which one(s), when, by whom
  - Nursing intake for new patients – 20-30 minutes
  - Required range of PMH/systems review, medications, Distress Assessment, Pain, Fatigue, Fall risk, nutritional status, psychosocial
  - Includes elements of all domains in CGA already
  - Abnormalities/deficits are already referred out when appropriate and are “flagged” for physician review
- Resources to minimize treatment-related impact on physical and psychosocial issues
  - Internal to SRHS – staff, departments
  - External in community via agencies
  - External in community via individual patient’s network
- Practical issues
  - Transportation: no vehicle, no public transportation
  - “House” care: Cooking, cleaning, shopping
  - Caretaker support: lives alone or with elderly spouse

Nursing Focus for Assessment
- Nutrition
  - Routine intake pre-diagnosis, recent weight change, BMI
  - Food purchase, prep patterns & roles
  - Restrictions re comorbid conditions
  - Mini Nutritional Assessment (MNA) – Screening with A-F, refer to dietary
- Social Support
  - Household – members, functional status
  - Extended support network – family, friends, church
  - Mental Health Index 5
- Functional Status
  - ADL’s beyond Performance Status (ECOG)
  - Mobility restrictions, assistive devices
  - Lawton Instrumental Activities of Daily Living (IADL) Scale and VES-13
  - Phone use, shopping, food prep, housekeeping, laundry, transportation, meds, finances
  - Health compared to others, physical activity level, shopping, finances, ambulation, household, bathing, age
Nursing Focus for Assessment

- **Co-morbidity**
  - Fatigue
  - FACIT Fatigue Scale version 4
  - Polypharmacy
  - Most common conditions – diabetes, cardiac, renal, orthopedic
  - Charlson comorbidity index
  - Satariano’s index
- **Communication**
  - Dementias, cognitive function
  - Impact on Education re disease status, treatment plan, potential side effects, interventions to minimize
  - Inclusion of family or significant others in personal network

Partnering with Physicians & Cancer Care team for CGA and Care Coordination

- **Team approach**
  - Assessment, documentation
  - Treatment Planning with supportive care interventions to minimize toxicities & promote compliance
- **Coordination of care**
  - Case Management/Patient Navigation model
- **Communication**
  - Baseline status, integration to plan of care
  - Changes in status requiring modification

Patient Navigation = Case Management

- Funding from CMS to demonstrate impact of PN model on decrease in use of CMS resources
  - Readmits, ER use, chemo within 2 weeks of death, palliative care
- RN and lay PN team collaborating with Cancer care team
  - Referral of all medicare (> 65 yoa) for CGA
  - Identify deficits and refer appropriately
  - Case management with interval contact
- **Establishing Internal/External Referral Resources**
  - Internal: Dietary, social services, PT/OT, psych support, pharmacy
  - External: transport, ADL’s, church, United Way agencies, HS/College students, CMHF employee volunteers

Impact of CGA on Cancer Outcomes

- CGA elements are already integral to Nursing Process model
  - Comprehensive Patient Assessment – Basic to Nursing Care Planning
  - Domains involved are already integral to nursing intake assessment
  - Impact and SIGNIFICANCE of deficits on cancer outcomes needs to be stressed to nurses

CHALLENGE moving forward for SIOG nurses

EDUCATE our Peers, ENGAGE them in Care MEASURE what we do