Multidisciplinary care in the haematology clinic
Geriatric haematology clinic: nurse’s perspective

D Tilmant-Tatischeff
Service d’Hématologie Clinique et Thérapie Cellulaire, CHU LIMOGES, Limoges, France

Background, Our feeling

• Older patients with Hematological malignancies (HM) varies considerably in terms of PS, comorbidities and functional reserve
• Patients with HM have specific clinical characteristics:
  – Usual good chemo-sensibility
  – More aggressive treatment with more risk of early toxicity
  => It justifies adopting geriatric intervention
• Concept of nurse case management is a proactive method to take care of older across their pathway.
• In France we have UCOG organization (geriatric oncology units)

Methods

• Since 2013 patients over 70 years that met following criteria in outpatient setting were included:
  • Proved diagnosis of HM according to OMS guidelines
  • First line and relapse sequential chemotherapy
  • Treatment prescribed by a collaborative multidisciplinary team according national guidelines
  • Willing patient by given oral consent (his family in case of cognitive impairment)
• First, they received a geriatric screening using our tool GERH-7, and NHL a chemotherapy toxicity tool, CRASH SCORE.
• Data collects: apps in Web access using the hematology website of Limousin
  www.hematolim.fr

Flow chart

Primary objective:
=> to avoid unscheduled readmissions or >3 toxicity by personalized case management according to geriatric screening results, hematologic and geriatric intervention needs.

• Secondary objectives:
  - To organize the return home and the care plan
  - Assess respect of planned chemotherapy
  - To manage toxicity (helping, to collect data for outcome live collection with tablet apps)
Ucog Helim network: nurse case management

1 nurse = 1 patient

• geriatric nurse
• hematologist / geriatrician
• nurse phone follow-up
• +/geriatrician
• nurse phone follow-up
• +/-geriatrician
• hematologist
• hematologist / geriatrician

Follow up

Exemple of follow up (lymphoma)

Day 0
• geriatric nurse => personalize case management • hematologist / geriatrician => first chemo day / management plan

Day 7
• nurse phone follow up => increase supportive care • +/- geriatrician => modification home care / management plan

Day 14
• nurse phone follow up => increase supportive care • +/- geriatrician => modification home care / management plan

Day 21
• chemo-day => nurse evaluation
• meeting: nurse - geriatrician +/- hematological => Chemo decision / geriatric intervention

Our experience

• Since 2013: 1511 patients
• Sex ratio 0.83
• Median age 79 (70-95)
• 71% older than 80
• 970 nurse evaluations for 450 patients during 2016
• Malignant hemopathy =>

Example of results

• Case Management (since 2015):
  • n=187 geriatric interventions
  • 267 phones follow up planned (patients satisfaction +)
• Geriatric characteristics of Case Management:
  • increased nurse care: 64%,
  • social support: 38%,
  • intensified support care: 30%
    => nutritional intervention, specific care for grade 3 toxicity (GP visit, upgrading nausea management, Growth factors)
  • chemotherapy dose: 14%
    => decision of dose (safe or toxicity, medical decision)

Discussion:

• We doesn’t evaluate gain in term of:
  • interrupted or differed chemotherapy
  • emergency department visits or unplanned rehospitalisation
• In fact our feeling:
  => Feasibility: quite easily
  => Utility: some adverse events are prevent and / or treated before the next chemotherapy
  => Security: patient feeling with phone call (requires training nurse, known well patient)

Nurses perspective: a further to build

+ = ?
• Actually in France: lack of data base and platforms to collect information about elderly hematological malignancies.
• Future: proactive using of the data base: to compare comorbidities and choose treatment according to those data and diseases characteristic.
• IA will help nurse but, because of transversality nurse will stay.