



Title:	Regional Oncology/ Haematology 24 Hour Triage (Helpline) Service		
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1. Introduction

It is well recognised that systemic anti-cancer treatments (chemotherapy) can result in toxic side effects, some of which can be life threatening. It is therefore important that these side effects are diagnosed and managed as early as possible to reduce the risk of serious complications or fatality.

Northern Ireland Cancer Network (NICaN) and Trusts have adopted the United Kingdom Oncology Nursing Society (UKONS) Oncology/Haematology 24 Hour Triage (helpline) Service. This toolkit provides an agreed protocol for rapid access to acute services, promotes good record keeping, and provides guidance and support for all stages of the triage process. It stipulates requirements for competency based training and underlines the importance of providing safe and understandable advice to patients. Each treating centre/ unit provides Oncology/ Haematology 24 hour triage (helpline) Service advice.

There are a number of reports and Guidelines regarding the provision of supportive care for patients:

- Department Of Health (DOH) has recommended that there be provision for patients and their families for appropriate and timely access to supportive care throughout and after treatment (NHS Cancer Plan)
- The Manual for Cancer Services – chemotherapy measures (2014) state that the Cancer networks and Trusts must have agreed minimum service specifications for 24 hour Oncology/Haematology 24 Hour Triage (helpline) Service
- The National Confidential Enquiry into Patients Outcomes and Deaths (NCEPOD) report of November 2008 “For Better, for worse?” highlighted inappropriate provision of care for chemotherapy patients suffering from treatment related complications and recommended improved emergency support services should be developed.
- Patients who develop significant complications following chemotherapy need expert assessment and hospitalisation. Early assessment and intervention is likely to reduce the need for and duration of hospitalisation (NCAG 2009)
- The UKONS Oncology/Haematology 24 hour Triage, Rapid assessment and Access toolkit. Information and instruction manual, version 2 November 2016.
- The second version of the Acute Oncology Initial Management Guidelines (UKONS) – [UKONS Oncology Haematology Telephone Helpline V2 Nov 2016](#)

- Patients have the right to be treated with a professional standard of care, by appropriately trained staff in a properly approved organisation that meets required levels of safety and quality.

2. Objectives

- Prompt and appropriate assessment of Oncology patients who report a problem during and up to 6 weeks after completion of Systemic Anti-Cancer Treatment (SACT).
- Prompt and appropriate assessment of Haematology patients who report a problem during treatment as per local guidelines.
- For Oncology/ Haematology patients who have received immunotherapy prompt and appropriate assessment is required during treatment and up to 12 months post treatment.
- Provide advice to other healthcare professionals who access the 24-hour Oncology/Haematology (triage) helpline service.

3. Referral sources

- Oncology/ Haematology patients or their carers in the community
- Other Secondary Care Professionals
- Cancer / Haematology Services Professionals
- Primary care Professionals
- Hospice/ Palliative Care Professionals

4. Service Delivery

These are outlined in the Oncology/Haematology 24 Hour Triage (helpline) Service pathways. Each unit, centre will follow local triage service pathways according to each Trusts governance arrangements.

5. Competent Practitioner

All staff manning the oncology / haematology 24 hr triage (helpline) service must successfully complete the 24 hour triage competency training. The staff member responsible for the 24 Hour Triage (helpline) service will be known as the competent practitioner. It is vital that these practitioners receive the appropriate level of training and support to meet their individual learning needs and are assessed as proficient prior to independently participating in the triage process (see pages 15-17) [UKONS Oncology Haematology Telephone Helpline V2 Nov 2016](#)

6. Standard Operative Procedure

6.1 Assessment

Provide Oncology/Haematology 24 Hour Triage (helpline) Service assessment and advice to Oncology/Haematology patients by using the Rapid Assessment and Access tool kit (UKONS V 2) based on the World Health Organisation Toxicity Assessment Criteria and the National Chemotherapy Institute (NCI) common terminology criteria for adverse events. The UKONS tool (V2) will assist users with symptom grading and decision making guidance. The aim of triage process is to assess the patient's condition and:

- Identify patients who require urgent/rapid clinical review
- Give advice to limit deterioration until appropriate treatment is available
- Provide home care advice and support.

Users will also apply professional judgment and experience with close liaison with other healthcare professionals to ensure safe and effective Oncology/Haematology 24 Hour Triage (helpline) Service advice is given to patients and carers with consideration to the following toxicity guidance:

Green toxicity grading - toxicity may be managed at home, instructions/advice given to patient and asked to re-contact helpline if issues worsen or persist.

Amber toxicity grading - toxicity may be managed at home, instructions/advice given to patient and asked to re-contact helpline if issues worsen or persist, alternatively the competent practitioner may arrange for a follow up call and reassessment using the triage tool.

If there are **two or more Amber toxicities** – this toxicity should be escalated to red toxicity grading and advised to attend for urgent assessment.

Red toxicity grading - patients must attend for assessment or referred to local hospital for assessment.

Users of this competency framework will need to ensure that practice reflects up to date information and policies according to each Trust. [UKONS Oncology Haematology Telephone Helpline V2 Nov 2016](#)

6.2 Intervention and action

- The competent practitioner will determine if a case requires specialist input and will discuss those cases with the relevant Oncology/Haematology specialist teams as per Centre/Unit.
- Where appropriate, the competent practitioner will advise patients to liaise with their GP, local Emergency Department or other relevant community service.
- A plan of care must be clearly and fully documented on the Triage log sheet.
- The competent practitioner must communicate the plan of care to healthcare professionals involved in the ongoing care of the patient.
- Provide support and information to patients and their relatives/ carers.
- Participate in on-going data collection to enable regular audit and evaluation of the Triage Service.

6.3 Documentation

All calls taken should be documented and recorded on the UKONS 24 hour triage log sheet.

(Page 12) [UKONS Oncology Haematology Telephone Helpline V2 Nov 2016](#).

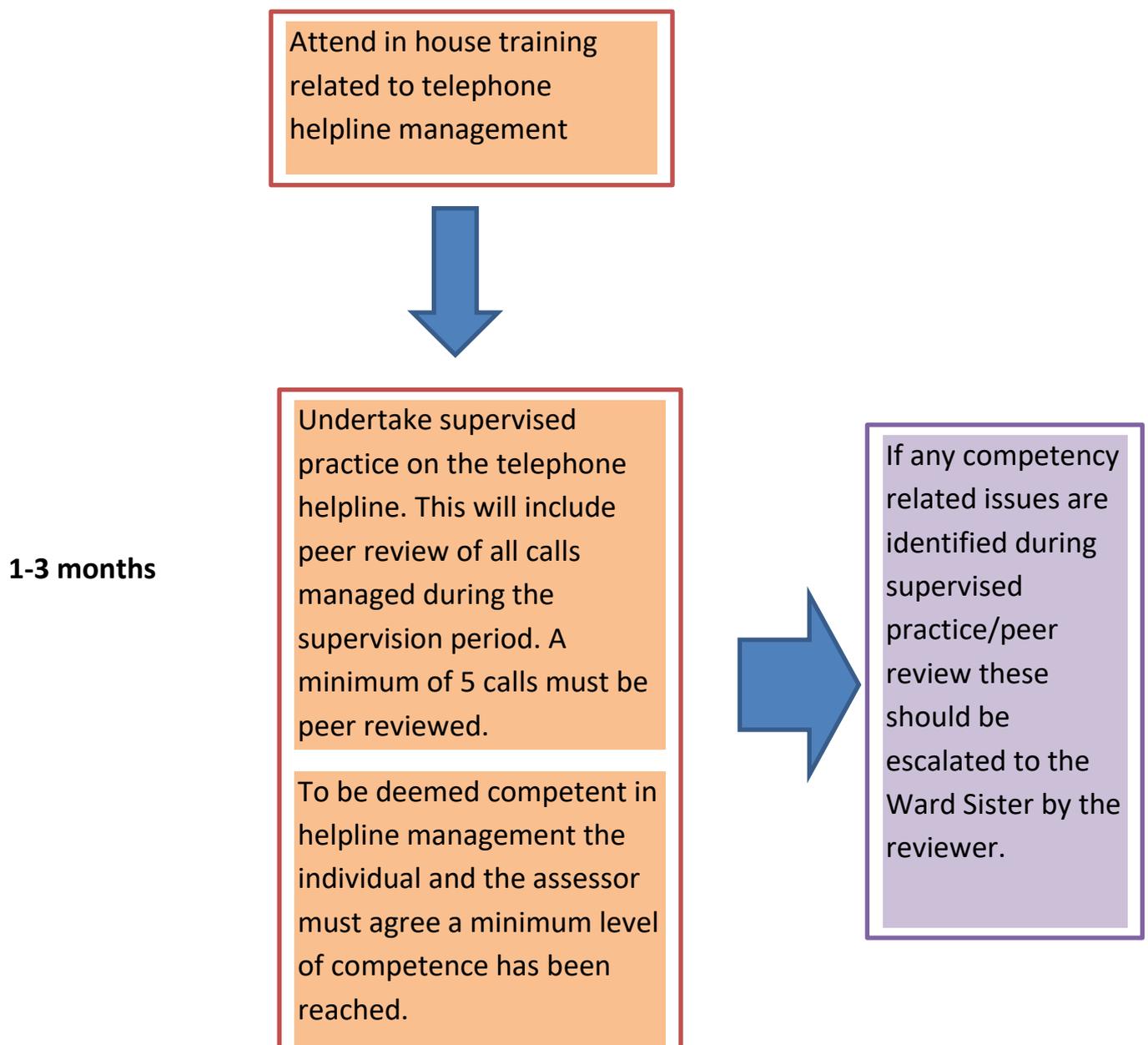
- It is vitally important that all triage log sheets are fully completed to provide an accurate record of the triage assessment, audit and peer review.
- The triage log sheet should be scanned into the RISOH system as part of the patient's medical record, thus ensuring that this clinical assessment is available for all clinicians to view.
- The data collected should be:
 - Complete
 - Accurate
 - Legible
 - Concise
 - Useful
 - Traceable
 - Auditable

Robust data capture processes will assist with:

- Providing an assurance within Trusts of appropriate advice and record keeping
- Monitor activity levels
- Identify actual or potential problems
- Support service improvement and innovation
- Support data required when developing a regional service through the commissioning process.

Telephone Helpline Minimum Competency Flowchart

Training for this competence may only be commenced when staff have achieved the minimum level of competence as outlined in use of 24 hr Triage Competency Training



This flow chart applies to initial telephone competence sign off only. Subsequent annual competence will be achieved by reading the presentation or undertaking the e learning module when available alongside peer review sign off by Ward Sister.