When a patient shows up to the Emergency Department (ED) with concerning symptoms—unexplained pain or swelling, perhaps—sometimes that is only the start of a longer journey marked with a big letter “C” for cancer. Patients who learn from their ED physicians that symptoms may be cancer now have more support for the next steps, thanks to a Penn Medicine initiative at two hospitals.

Not only is care easier for patients, but it’s easy for the ED provider to help them get the support they need. The ED provider simply completes a “Consult to Evaluate for Cancer” form. ED providers can request the consultation by either sending an email to the community oncology nurse navigator, or calling the number listed in the form.

A Guide to Get Evaluated for Cancer

Most patients come to a cancer diagnosis through the traditional route: They notice something concerning and visit their primary care doctor, or a troubling result shows up on labs or scans. But for some, the ED is their starting point. “Lung cancer, for example, doesn’t have many symptoms until it progresses,” explained oncology nurse navigator Megan Roy, MSN, RN, OCN. “At HUP, at least half of our cancer patients present initially at the ED. It’s easy for the ED provider to help patients take their next steps.”

When the ACC nurse navigators learned of the change in process, they realized they could do more to help patients. “It was a frustrating situation for ED providers as well,” Roy noted. “We didn’t have a good discharge pathway.” Hemmert said, “Patients in this situation need additional testing, which can’t be performed in the ED. Many patients aren’t sick enough to require admission to the hospital, but they’d return to the ED a week later, saying they couldn’t set up an appointment.”

Before the initiative started, patients who left the ED with a suspicion of cancer would go home with instructions to contact the oncology call center to make an appointment. But if the patient doesn’t have a confirmed cancer diagnosis, getting an appointment to see cancer specialists at HUP can be tricky. In a big academic medical center such as HUP, there are no general oncologists to work up a patient and get a diagnosis, noted Roy: “HUP’s oncologists are highly specialized. It’s difficult to know who to see first, which makes scheduling appointments challenging.”

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Many patients aren’t sick enough to require admission to the hospital, but they’d return to the ED a week later, saying they couldn’t set up an appointment,” noted Hemmert. The ED providers didn’t want to admit patients to the hospital which makes scheduling appointments challenging.

The change in process has led to remarkable results. Since the start of the new referral program in May 2022, navigators have helped bring more than 150 ED patients into the treatment they need, efficiently and expediently. Consider the case of a patient seen in HUP’s ED early this year. The patient was referred to the oncology nurse navigators. Roy, who focuses on patients with lung cancer, contacted the patient the following day to get her care started. Three days later, the patient was seen by an interventional pulmonologist for a bronchoscopy to take a biopsy. The patient had a diagnosis two weeks later, and started treatment in early March.

Easing Access to Cancer Treatment

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COMING SOON — OUR NEW NEWSLETTER!
Urgent Spine Clinic for pain. He was then in agony, which were very painful. "He was in agony," said an oncology nurse navigator who works for the Penn Medicine Cherry Hill campus. "It was found early enough," added Hemmert, who works for the Penn Medicine Foundation.

"Now she's on preventative treatment," said an oncology nurse navigator who works for the Penn Medicine Cherry Hill campus. "It was found early enough," added Hemmert, who works for the Penn Medicine Foundation.

NAVIGATORS MAKE CARE MORE ACCESSIBLE

"I think you fellows will like the bell a lot," said an oncology nurse navigator who works for the Penn Medicine Cherry Hill campus. "It was found early enough," added Hemmert, who works for the Penn Medicine Foundation.

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The referral program also led to the opening of the Oncology Diagnostic Clinic (ODC) at Penn. The ODC is for patients with a high burden of disease, who have had trouble accessing care, and who are not eligible for Medicare. The ODC is for patients with a high burden of disease, who have had trouble accessing care, and who are not eligible for Medicare.

The effort isn't stopping there. To better support this work, the nurse navigators have begun to drill down to what's going on with a patient. They refer these ED patients to the navigators. The referral program also led to the opening of the Oncology Diagnostic Clinic (ODC) at Penn. The ODC is for patients with a high burden of disease, who have had trouble accessing care, and who are not eligible for Medicare. The ODC is for patients with a high burden of disease, who have had trouble accessing care, and who are not eligible for Medicare.
Difference Makers
A VISUAL-FRIENDLY SOLUTION TO ENHANCE HEALTH LITERACY

When a patient wasn’t attending his scheduled appointments at Pennsylvania Hospital, oncology nurse navigator Jennifer Polo, BSN, RN, OCN, and her team had to think creatively to get him back on track.

Polo, who received the referral, consulted with a social worker on her team to speak with the patient about why he was missing his visits. In conversation with the social worker, the patient felt comfortable disclosing he had an inability to read and could not understand his appointment schedule.

As a nurse navigator, Polo’s mission is to help patients navigate the health care system to get the care they need as quickly as possible, which includes helping them with challenges, like health literacy, that could prevent them from accessing care.

To help the patient stay on top of his scheduled visits, Polo and her team developed a visual calendar with colorful icons representing different appointments, such as a heart icon to signify a cardiologist appointment. The calendar also included highlights of herself and the social worker with their contact information.

“The patient was very grateful,” said Polo. “He began to show up more regularly when accepting the award. “This is the kind of thing our team does all the time in terms of coming up with ideas to help people who come to us.”

This creative solution to a patient’s care plan earned Polo a Daisy Award in May. She created and thanked her colleagues when accepting the award. “This is the kind of thing our team does all the time in terms of coming up with ideas to help people overcome the barriers they encounter,” said Polo. “This is a hallmark of our team’s collaboration to make health care easier and accessible for everyone.”

For instance, in 2022, Princeton Health more than doubled its collection and repurposing of single-use medical devices, such as pulse oximeters, leads and cables, and various surgical supplies. PMC and its ambulatory surgery centers continued to ban the use of the anesthetic propofol. Most single-use medical devices are sterilized with hazardous, highly flammable liquids that can be recycled into useful products, like clothing, paper or insulation. Only 23% of waste from single-use medical devices is currently recycled. For instance, in 2022, Princeton Health more than doubled its collection and repurposing of single-use medical devices.

Food waste collection is one of the newest sustainability efforts at Princeton Health, which was recently recognized by Practice Greenhealth, a nonprofit membership organization promoting environmental stewardship and best practices in the health care. In May, Princeton Health received Practice Greenhealth’s Partner for Change Award for the second year in a row. Evans said the award—presented to just 216 health care organizations nationwide—reflects Princeton Health’s progress related to ongoing sustainability initiatives.

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In the restaurant at Penn Medicine Princeton Medical Center (PMC), staff members and visitors eat their meal by placing trays stacked with plates, utensils, uneaten food, drink bottles, and more onto a conveyor belt that slowly carries them out of sight.

It’s no disappearing trick, but there is still a lot more going on than meets the eye. Where trays emerge from the other side of the wall, two kitchen staff members are waiting to sort the waste into three color-coded bins: gray for landfill-bound items, blue for recyclables, and green for food remnants. One floor below, in the hospital’s main kitchen, is a similar worksite set up to sort waste from the food prep area and trays that are brought back from patient rooms.

This is all part of a new food waste collection initiative at PMC which began this spring. The waste is trucked to a nearby farm that uses it as feed for livestock or grinds it into mulch.

 PMC collected 1.5 tons of food waste in the first three weeks of the program, said Greg Evans, Penn Medicine’s corporate director of sustainability. At that rate, PMC would collect 26 tons over a full year. That amounts to $2,000 pounds of food waste—a major contributor to greenhouse gas emissions—diverted from the landfill by a single hospital. Evans said he hopes to introduce food waste collection at other Penn Medicine locations as well.

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Another ongoing initiative is the introduction of SAO—or stabilized aqueous ozone—cleaning technology, which adds oxygen to tap water to create a solution that is an effective cleanser and sanitizer yet contains no harmful chemicals. Larry Garcia, director, Environmental Services, said the department is using the SAO solution in the atrium and other public areas of PMC while seeking Infection Control Committee approval to use it throughout the hospital. Evans said the goal is to increase the use of SAO at all Princeton Health locations before expanding to other entities across Penn Medicine.

One initiative that has already extended across other Penn Medicine entities is the measurement of carbon emissions to calculate a total for the entire University of Pennsylvania Health System. The figure will be tracked over time as Penn Medicine develops a multifaceted approach to reducing emissions and meet systemwide sustainability goals.

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In 2022, Princeton Health also completed an energy audit of the hospital campus that sparked initiatives to dramatically decrease carbon emissions. The initiatives are expected to help patients navigate the health care system to get the care they need as quickly as possible, which includes helping them with challenges, like health literacy, that could prevent them from accessing care.

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