## Results

- The reduction of ER visits or hospitalizations after the use of the oncology triage template was statistically significant. Prior to implementation, 14 of the 14 patients selected were hospitalized compared to 6 of the 12 patients post template implementation. Using the Chi Square Test this gives us a P value of 0.002556.
- The number of pre-existing co-morbidities had a statistically significant impact on patient outcomes (P 0.00849). Of note, patients that had more pre-existing co-morbidities had less hospitalizations after the implementation of the Oncology triage template.
- Neither gender or age appeared to have a statistically significant impact on the rate of ER visits or hospitalizations. Using the Chi Square Test the P value for gender was P 0.755794 and for age was P 0.804803.
- The type of immunotherapy received did not have a statistically significant impact on the rate of ER visits or hospitalizations (P -0.62414).
- The grade of immune-mediated toxicity did not have a statistically significant impact on the rate of ER visits or hospitalizations (P -0.851219).

## Discussion

### Implications for Practice

- The use of an evidence-based oncology telephone triage template can significantly reduce the number of ER visits and hospitalizations for patients on immunotherapy.
- If the Oncology telephone template is followed correctly patient’s time to resolution of their symptoms could be reduced significantly allowing them to remain on cancer treatment.
- Prompt evaluation of patient’s symptoms could lead to patient staying in treatment longer.

## References