

Title: The Changing Paradigm of Urgent Outpatient Oncology Evaluation in the Era of the COVID Pandemic

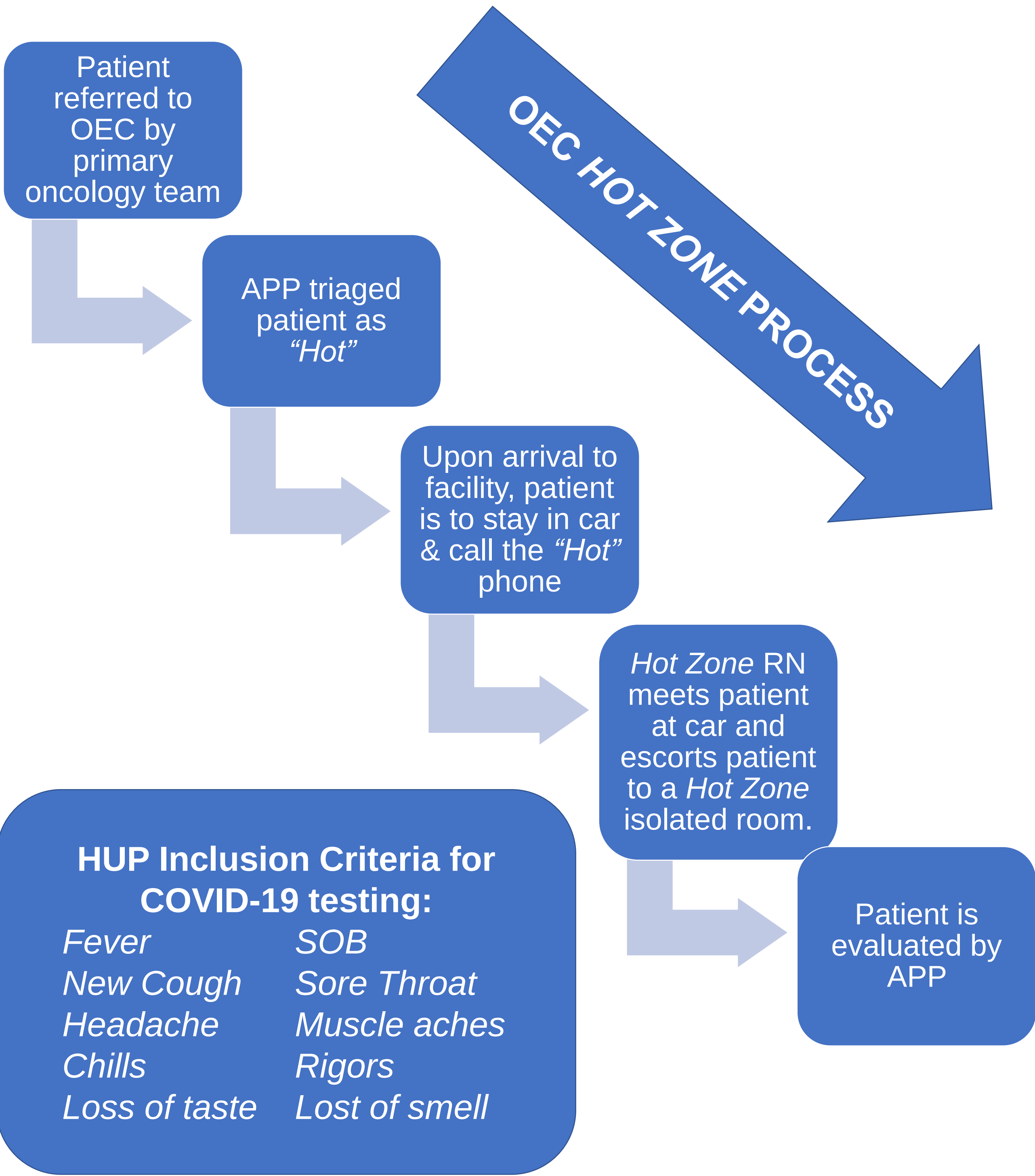
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BACKGROUND

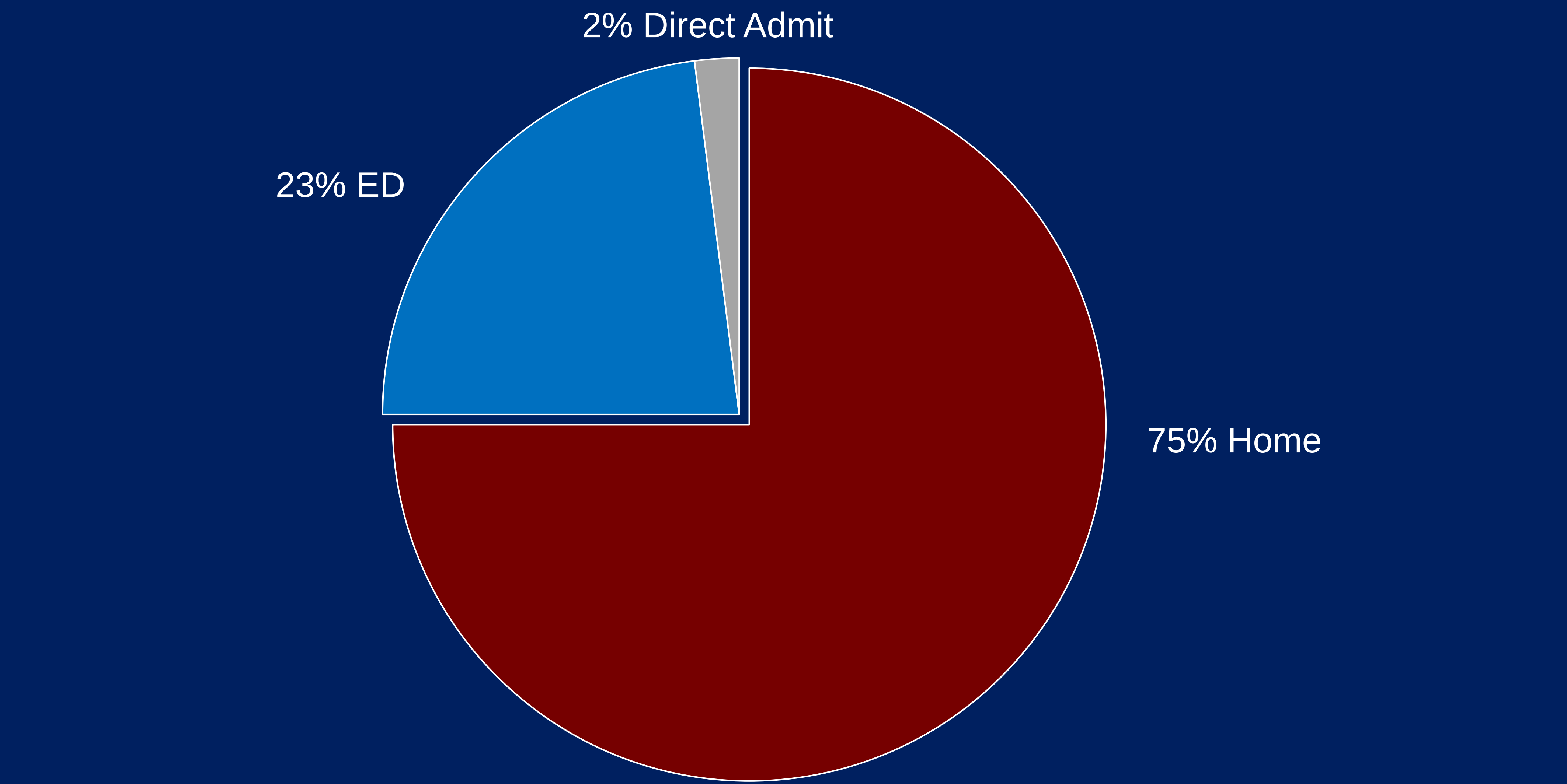
The Oncology Evaluation Center (OEC) at the Hospital of the University of Pennsylvania (HUP) provides Advanced Practice Provider (APP) led, same-day, urgent evaluation for oncology patients (OPs). The onslaught of COVID-19 required revision of guidelines and protocols in the OEC. Early in the pandemic the OEC was maintained as a *Cold Zone* for patients triaged and considered low risk for COVID-19 while those at high risk were directed to local testing centers or the Emergency Department (ED). In June, the OEC *Hot Zone* was established to evaluate symptomatic OPs, deemed at higher risk for COVID-19 to maintain patient and staff safety and decrease ED referrals.

METHODS

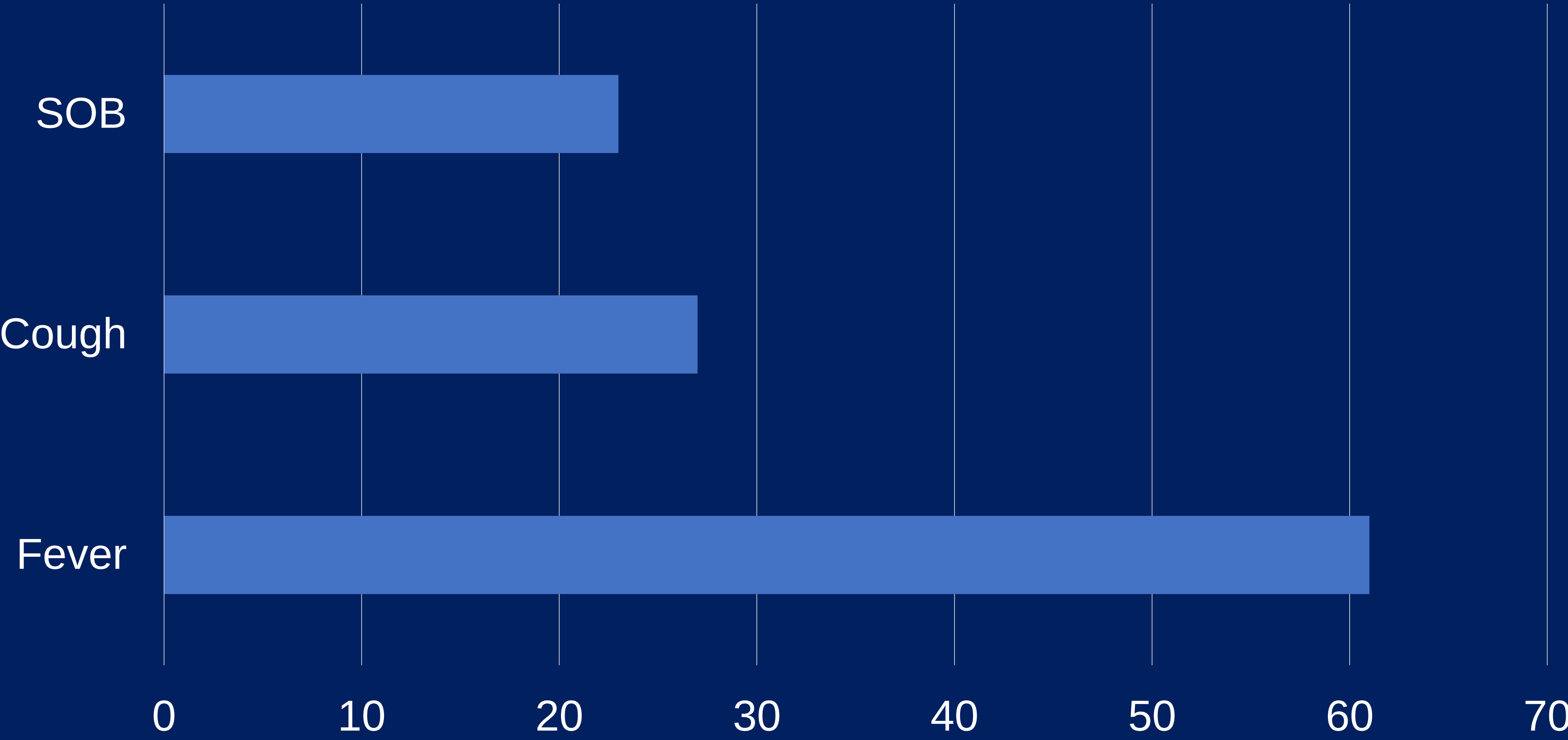
Regulatory approval was granted in June 2020 through October 2020 for the opening of the OEC *Hot Zone*. A retrospective, descriptive chart review from June 2020 – September 2020 for all patients evaluated in the OEC (both *Hot & Cold Zones*) who were subsequently swabbed for COVID was performed.



OEC Hot Zone Patient Dispositions (n = 77)



Hot Zone Top Three Presenting Symptoms



OEC Area	COVID-19 Positive Results
Hot Zone	n = 0 (out of 77 total tests)
Cold Zone	n = 0 (out of 26 total tests)

RESULTS

1. A total of **318 OPs** were referred to the OEC (from 6/15/20 - 9/19/2020). Following APP triage, **77** of those OPs were considered high risk for COVID-19 and were evaluated in the OEC *Hot Zone*.
2. The top three presenting symptoms were SOB, cough and fever; patients often had more than one presenting symptom.
3. Of the 77 OPs evaluated in the OEC *Hot Zone*, 75% (n=58) patients were discharged to home.
4. Clinical findings requiring direct admit or ED transfer included: respiratory distress, neutropenic fever, pain and concern for sepsis (as evidenced by fever, abnormal laboratory and/or radiographic results).
5. All *Hot Zone* patients tested negative for COVID-19.
6. Additionally, 26 OPs who were triaged to the OEC *Cold Zone*, reported symptoms concerning for COVID-19 upon arrival that required testing via swab. All 26 results were negative for COVID-19.

DISCUSSION

The finding of zero COVID-19 positivity among OPs evaluated in the OEC may be associated with the timing of the *Hot Zone* opening aligning with a demographic decline in COVID-19 positivity in Philadelphia. Of note, two patients not swabbed in the OEC *Cold Zone*, due to low-risk presenting symptoms and evaluation, were swabbed positive for COVID-19 within 24-hours following discharge from OEC. These findings further extrapolate the critical value of diligent use of mandated personal protective equipment, which was adhered to by all staff in contact with these patients.

CONCLUSION

The role of APPs in triaging, assessing, managing, directing care and collaborating with the primary oncology team, ED, and inpatient providers impacted patient safety and increased the patient-preference to be discharged to home. In this single institution retrospective, descriptive chart review, the incidence of COVID-19 was negligible in the *Hot Zone*. Nonetheless, it remains essential that OPs receive appropriate cancer-specific evaluation of new or worsening symptoms, rather than deferring this care to EDs or non-specialty providers. Given the high risk oncology population, creating a niche to evaluate patients with symptoms concerning for COVID-19 or other infectious illness is a mechanism to minimize risk of infection or transmission to other immunocompromised patients and to decrease ED visits and/or hospitalization.