Pediatric Oncology Ambulatory Care at Soroka Medical Center
Soroka Medical Center

Soroka Medical Center is among Israel’s largest, busiest and most advanced hospitals. Soroka is the only major medical center in the entire Negev, serving a population of more than one million inhabitants, including 400,000 children, in a region that accounts for 60% of the country’s total land area. Soroka serves as the teaching hospital of both the Medical School of Ben-Gurion University, whose Faculty of Health Sciences is located on the hospital campus, and its Medical School for International Health.

On par with leading international institutions, Soroka specializes in areas that include early detection and treatment of breast cancer using minimally invasive procedures, non-invasive removal of malignant tumors, trauma rehabilitation of children and adolescents, pediatric infectious diseases, and more.

Each year, excellent care is provided for more than 595,000 visits at outpatient clinics; 240,000 patient visits at our Emergency Medicine Department (the busiest in the country); 83,000 inpatient admissions; over 30,000 surgical procedures; and more than 17,000 babies are born.

Soroka’s Trauma Unit is one of the largest and busiest in Israel, always on call, 24 hours a day, 365 days a year. Soroka serves as the regional trauma center for victims of terror and for all Israel Defense Force bases in and near the Negev. This need for these services is unfortunately constant and increasing in light of the ongoing security situation in areas bordering Gaza.

Soroka Medical Center stands at the forefront of medical progress, and is currently upgrading and enhancing research capabilities and the healthcare it provides. Soroka’s staff is dedicated to advancing research and providing optimal medical and emergency care while treating the patient as a whole human being.
Background and Need

Soroka Medical Center is solely responsible for the care of the more than 400,000 children in the Negev, the entire southern half of Israel.

The Pediatric Oncology Ambulatory Care Department at Soroka Medical Center does its utmost to fulfill this important role. The Department provides treatment to children who are oncology, hematology, and bone marrow transplant patients. In addition to treatment rooms, the department includes an on-site and distance-learning classroom and an activity club room for our young patients and their families.

The Pediatric Oncology Ambulatory Care Department provides treatment for children and young adults with cancer in an outpatient setting, allowing most of our patients to leave the hospital with their families at the end of the day. One of the goals of the department is to help cancer patients fit their medical care into their lives, instead of fitting their lives into their medical care.

While our dedicated and highly-trained staff provides care with the highest professional medical standards, the facility of our Pediatric Oncology Ambulatory Care Department is grossly inadequate to provide the appropriate infrastructure for this care.

The current facility in which pediatric oncology ambulatory care is provided is insufficient for today’s needs, and most certainly for tomorrow’s. The facility includes only two treatment rooms with a total of three beds and three oncology armchairs and no medical examination rooms, making it impossible to provide optimal treatment for sick children. In this reality, the unfortunate situation often arises in which one child has to vacate his or her bed so that another child can be treated. Frequently, what should be private conversations between doctors and patients or among doctors, patients, and their families are forced to take place in the public setting of a treatment room.

Our goal, which can be realized with your support and partnership, is to create a facility for Pediatric Oncology Ambulatory Care that will meet both current and future needs. In its current state, the Pediatric Oncology Ambulatory Care Department cannot offer the best possible care, care which we are fully capable of providing in an appropriate facility to children suffering from hematological and oncological diseases.

The planning and design of the new facility of the Pediatric Oncology Ambulatory Care Department will result in a significantly larger department, consisting of 960 square meters (10,330 square feet), more than doubling the size of the current facility.
Pediatric Oncology

The most common cancers in children are leukemia (about 30%), tumors of the brain and the central nervous system (about 20%) and lymphoma (about 12%). Although childhood cancers are relatively rare, they are one of the leading causes of death among children.

The Pediatric Oncology Ambulatory Care Department provides services to young oncology, hematology, and bone marrow transplant patients who come to the department multiple times each for rounds of treatment, checkups, and procedures conducted under anesthesia.

In our current small facility, there are more than 4,000 visits a year from children with cancers that include leukemia, lymphoma, and solid tumors such as brain tumors, neuroblastoma, Wilms tumor, and others.

Children with rare hematological diseases including congenital bone marrow failure syndromes such as congenital dyserythropoietic anemia, Fanconi anemia, and dyskeratosis anemia are also cared for at our facility. Our young patients receive initial and follow-up medical exams and consultations, as well as treatments including chemotherapy, hydration, antibody administration, transfusions, and procedures performed under anesthesia. This is also where pre-admission testing and intake on the day of surgery take place.

We also offer programs such as pediatric nutritional support and patient education programs to help children and their families cope with the experience of cancer, find comfort and control, and heal in a way that meets the child’s individual needs. These programs include recreational activities and integrative medicine services. In addition, we have specialists and volunteers who teach music, drama, and creative movement classes.

Over the last several years, there has been a notable increase in the number of visits to the Pediatric Oncology Ambulatory Care Department, in line with the significant increase in population growth in the region and also as a result of the increase in the rate of pediatric cancer cases.
The Current Situation

Location
The current Pediatric Oncology Ambulatory Care Department is located in the pediatric medicine area of Soroka Medical Center. Its total gross area is 472 square meters (5080 square feet).

The department has several interfaces, the most important of which are with the Pediatric Oncology Inpatient Ward and the Pediatric Intensive Care Unit. In cases where a patient’s treatment in the Pediatric Oncology Ambulatory Care Department extends beyond the end of the day, the patient is transferred to the Pediatric Oncology Inpatient Ward for completion of treatment. Medical and support personnel serve in both the Pediatric Oncology Ambulatory Care Department and the Pediatric Oncology Inpatient Ward, and our doctors and nurses move between the two areas.

Treatment
In the process of admission for care in our Department, our patients receive blood testing and initial intake treatments from a nurse, after which they are examined by a physician. The full individual treatment plan for that day of care is then determined.

On average, twenty patients per day are admitted to and cared for in the department. The maximum number of patients treated per day approaches thirty-three. The amount of time each patient receives care in the department of course differs from patient to patient, depending on the individual course of treatment tailored to each child. The average time of care for each patient is five hours per day. The overcrowding of patients increases the risk of hospital-acquired infections caused by resistant bacteria and jeopardizes patients.

The children who are patients in the Pediatric Oncology Ambulatory Care Department include two main categories: those who require hematological treatment and those who require hemato-oncological or oncological care. Each type of treatment consists of several sub-treatments and processes, from treatment with biological or chemical medications to follow-up examinations following the illness.
Challenges

The challenges to providing optimum care in the current Pediatric Oncology Ambulatory Care Department include the following:

• The number of rooms and hospitalization stations are insufficient for the number of patients treated.
• A long, narrow corridor makes it extremely difficult for children with IV poles, wheelchairs, or walkers, all of which are widely used by patients, to move around.
• There is currently no place in the facility where doctors can speak privately with a patient and his or her family. Every conversation, even the most personal, is currently conducted publicly in the treatment rooms.
• The department has no rooms for the many consultants, among them palliative care physicians and nurses, psychologists, social workers, and others, who come to work with patients.
• While they wait and during treatment, most of the patients who can do so go to the on-site and distance-learning classroom and activity club room for our young patients. The current space cannot accommodate the number of patients who arrive with their families.
• A calculation of the increase in the number of pediatric patient visits between 2015 and 2018 shows an annual rise of 15%. The projection for 2025, even taking into account a more conservative estimate of annual growth, projects more than 8,600 visits per year. In 2018, the average number of visits per day was 17, while the projected number of patients per day for 2025 will be more than double at 35.
The Content and Potential of the Future Department

Ambulatory Care Stations

In light of the projected increase in the number of pediatric oncology patients who will need treatment each day, and knowing the average number of hours per day each patient receives care, the number of treatment stations needed in the Department is 24 - including 20 ambulatory care stations and 4 isolation rooms - as opposed to the current total of 6 treatment stations.

Expanding the current facility will enable the establishment of a new comprehensive Pediatric Oncology Ambulatory Care unit that will not only relieve the current overcrowding but will also include all of the state-of-the-art tools necessary for providing cutting-edge treatments and achieving optimal results. The planned expansion will double the space for ambulatory cancer care and treatment, advance specialty treatment units, make comfortable areas for patients and their families available, and provide designated spaces for occupational and physical therapy. This new, expanded and improved facility will also often alleviate the need for patients to be hospitalized overnight, a major benefit for families.

Half of the ambulatory care stations will consist of oncology armchairs, and the other half of beds. There are several reasons why ambulatory care beds are needed:

- They provide caregivers with easier access to the patient. Since our patients are children and sometimes babies, it must be easy for physicians, nurses, and other caregivers to reach them. The height of the beds is adjustable, making access simple and convenient.
- Taking blood samples from children is different than taking such samples from adults. In children, there are devices that are connected to the body, for example Portacath or Hickman lines. These devices are connected while the child is lying down.
- Different patients have different needs. Some children have to lie down and cannot stand or sit during treatment.
- Patients undergoing procedures under anesthesia need to be moved to beds in treatment rooms for recovery.
Isolation Rooms
For some of our pediatric patients treated in the Department there is need for two types of isolation rooms:
1. Positive pressure isolation rooms, which provide protective isolation for patients with compromised immune systems. When a patient’s immune system is compromised, for example following a transplant, they must be isolated.
2. Negative pressure isolation rooms, which provide isolation for other patients from a contaminated patient who arrives in the department.

Procedures Room
In this room, medical procedures that must be implemented in the department under anesthesia are performed. There is a need for one such room with suitable equipment and space within the department.

Medical Examination Rooms
Physicians’ examinations rooms are needed for examining patients prior to treatment and when patients come for screening or follow-up exams. The doctors’ examination rooms will also be used for private conversations with patients and families. This privacy, which we cannot offer in the current facility, is of great importance.

Consultants’ Rooms
A range of medical and para-medical consultants come to work with our patients in the department. These include dietitians, psychologists, and experts in palliative medicine. We require a suitable room in which they can work and interact in dignity and privacy with our patients and their families.

Social Workers’ Rooms
The department is committed to providing social services to patients as a part of the support they receive. Social workers are an integral component in the multidisciplinary staff of our department.

Research Coordinator’s Room
Many of our pediatric ambulatory patients participate in clinical research trials, which often include testing of experimental drugs. Participation in these studies advances medical knowledge and importantly allows patients to potentially benefit from new medications before they are introduced for routine clinical use.

Waiting Areas
A certain portion of the time patients are in the department is unavoidably spent waiting and resting. Resting patients, as well as their accompanying family members, need to have a dignified, comfortable, quiet, and appropriate space in which to spend this time.

Administration and Reception
In anticipation of the patient admissions process, an assigned nurse reviews the following day’s list of patients and prepares their files the day before their visit. When a patient needs to receive treatment, the nurse also checks the patient that morning and in order to speed up the delivery of care also immediately submits a request for medications as needed, for example for chemotherapy. In an adjacent space, the department’s secretary also deals with a range of administrative matters, appointments, and elements of the formal admission process as patients arrive.

Learning Center and Club
Approximately 30% of the patients present in the unit at any given time participate in the children’s learning center for individualized and small-group on-site and distance learning with their home classroom (one of 14 classrooms in the accredited school in the Pediatrics Division of Soroka Medical Center) and activity club, accompanied by certified teachers, as well as by aides, National Service volunteers, and other volunteers. The focus is on theater, art, and movement therapy as well as enrichment activities such as robotics, music, and photography. The teaching and supporting para-professional staffs, guided by our medical teams, also help prepare the children in discussions that relate to upcoming treatment and procedures. Special occasions such as birthdays and the end of treatment are celebrated together.

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In summary, the current Pediatric Oncology Ambulatory Care Department facility is very far from meeting the requirements for the optimal treatment of sick children.

The planned new Pediatric Oncology Ambulatory Care Department, a facility that will include an area of 960 square meters (10,330 square feet), will more than double the current space available for the department.

Together the Pediatric Oncology Ambulatory Care Department and the redesigned and renovated Pediatric Ambulatory Care Department will constitute the Pediatric Ambulatory Care Center, a building of 1,920 square meters (20,660 square feet). The project will be completed within twenty-four months of receipt of the donor’s lead naming gift.

Costs

Costs for the new second floor to house the Pediatric Oncology Ambulatory Care Department:

- Construction: $4,200,000
- Equipment: $380,000

Subtotal: $4,580,000

Costs for the redesign and renovation of the Pediatric Ambulatory Care Department:

- Renovation: $1,500,000
- Equipment: $320,000

Subtotal: $1,820,000

TOTAL COST: $6,400,000
Donation and Donor Recognition

The new facility will greatly help children with cancer to live longer, better-quality lives and dramatically improve the standard of pediatric oncology care throughout the Negev region, the entire southern half of Israel.

Soroka Medical Center is seeking a donation of $4,500,000 for the construction of a new second floor on the existing one-story Pediatric Ambulatory Department facility. The new second floor will house the new Pediatric Oncology Ambulatory Care Department.

Soroka Medical Center and Clalit Health Services (the parent organization of Soroka Medical Center) will provide matching funds for the full redesign and renovation of the existing first floor, thus completing the creation of the Pediatric Ambulatory Care Center at Soroka Medical Center.

In return for the donor’s gift, the entire building, constituting the new Pediatric Ambulatory Care Center and including both the Pediatric Oncology Ambulatory Care Department and the Pediatric Ambulatory Care Department, will be named for the donor.

Prominent donor signage with individual letters on an outside wall of the building will recognize the donation and naming. In addition, the donor will be listed on the central Donors’ Wall of Honor at Soroka Medical Center, and will also be our honored guest at a dignified public dedication ceremony.

Thank you for considering supporting this vitally important and game-changing project!
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