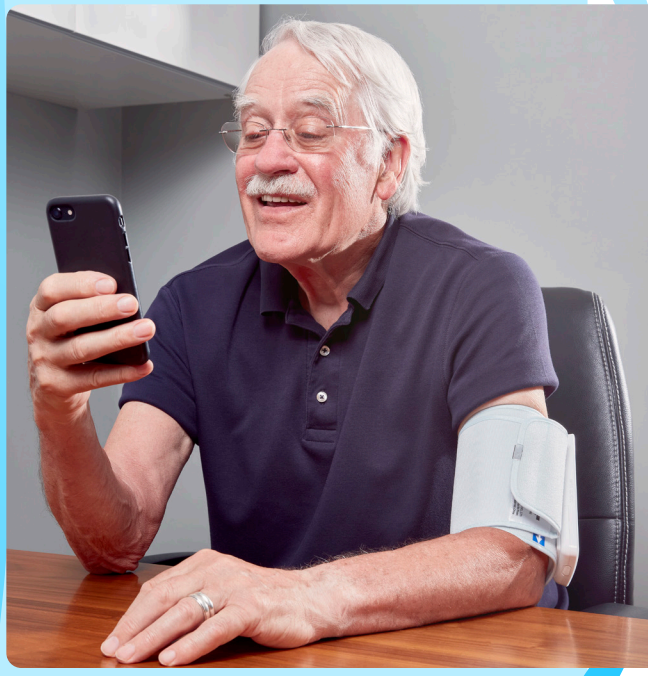
current health

Case study

Sarah Cannon Moves More Than 75% of CAR-T Therapies to Outpatient Setting

Summary.



Sarah Cannon, the Cancer Institute of HCA Healthcare, launched a systemwide initiative to shift the majority of CAR-T therapies to the outpatient setting. The goal was to reduce inpatient strain while maintaining safety, access, and care quality.

Facing rising demand and limited inpatient capacity, the team reimagined care delivery through a standardized model built around continuous monitoring, rapid triage, and strong caregiver support.

In partnership with Current Health, more than 75 percent of CAR-T therapies were safely delivered outside the hospital using a high-touch model that combines clinical oversight, technology, and virtual services. The program has improved operational efficiency, reduced bed day utilization, and strengthened the patient and caregiver experience.

Key results

More than 75%

CAR-T therapies moved to outpatient settings

1,200+

Bed days saved in first 100 patients

Sarah Cannon at a glance.

The Sarah Cannon Cancer Institute of HCA Healthcare fosters a global oncology service line that solidifies and expands HCA Healthcare's position in cancer care.

HCA Healthcare offers integrated cancer services with convenient access to cutting-edge therapies for those facing cancer at 182 hospitals and more than 2,400 sites of care. Sarah Cannon Transplant & Cellular Therapy Network (SCTCTN) provides hematopoietic cell transplants and cellular therapy, with more than 1,600 transplant & cellular therapy procedures in 2023.

SARAH CANNON

182

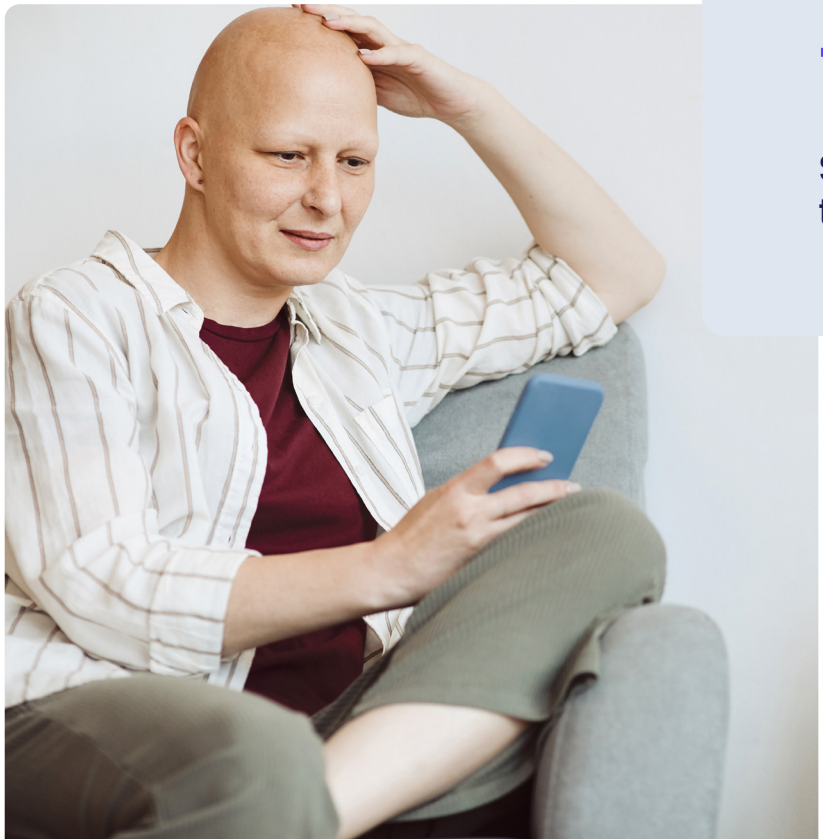
Hospitals

2,400+

Sites of care

7

Stem cell and cellular therapy locations



Challenge.

Reducing the baseline 16-day inpatient CAR-T therapy duration.

Oncology patients require time-sensitive care, where safety and quality must remain central.

Recognizing the complex needs of oncology patients and the resource-intensive nature of CAR-T therapy, Sarah Cannon identified a pressing need to expand high-touch outpatient services. With clinical trial activity accelerating patient volume, the team focused on redesigning care pathways to expand outpatient delivery while maintaining clinical vigilance.

Goals

1. Determine the safest and most appropriate site of care for each patient using continuous and intermittent monitoring.
2. Enable early identification of complications such as Cytokine Release Syndrome (CRS) and Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) through technology-enabled clinical oversight.
3. Minimize inpatient resource strain by shortening the 16-day utilization of high-cost hospital beds.
4. Improve patient and caregiver experiences and increase treatment access by reducing length of stays.

Solution.

A high-acuity care model supported by continuous and intermittent monitoring.

Continuous and intermittent monitoring is enabled through wearable sensors that track heart rate, respiration rate, oxygen saturation, temperature, and activity.

A dedicated app supports two-way communication and real-time symptom reporting.

Clinical Monitoring Support

A dedicated team of registered nurses, medical assistants, and technical associates engages with patients daily and provides 24/7 support. This team plays a critical role in triaging symptoms and escalating care for patients at risk of CRS or ICANS.

Navneet Majhail MD, MS, FASTCT

Physician-in-Chief of Blood Cancers, Sarah Cannon Transplant & Cellular Therapy Network

"Patients heal better outside the hospital, if they can get these complicated therapies with risk for significant complications safely in the outpatient setting.

We have leveraged technology and developed clinical pathways to innovatively care for patients receiving CAR-T therapies, where patients are closely monitored, are quickly triaged to a higher level of care in case they develop complications, and overall are able to spend more time outside the hospital.

Most importantly, we have accomplished this standardized approach to care across a network of several cell therapy programs."

Results.

Patients valued the at-home care and responsive support from the Clinical Monitoring Support team, notably appreciating continuous updates and reassurance during critical times.

75%

of CAR-T therapies were delivered in the outpatient setting, reducing inpatient burden while maintaining clinical oversight.

2.3-minute

average response time was achieved by the Clinical Monitoring Support team, with most alerts resolved within 25 minutes.

17%

of patients avoided hospitalization entirely. Among those who were admitted, the median stay was four days compared to the typical 16-day inpatient baseline.

1,200+

hospital bed days were avoided across the first 100 patients, preserving inpatient capacity for other high-acuity needs.

Tonya Cox
BSN, RN, OCN

Assistant VP of Operations for Sarah Cannon, Transplant, and Cellular Therapy Network

"We underestimate the demands we place on caregivers. They're responsible not only for monitoring signs of CRS and neurotoxicity, but also for handling transportation, meals, and all basic care.

Additionally, they must report any issues they observe. One caregiver, reflecting at the end of her husband's therapy, said, 'I was so anxious and apprehensive about being the caregiver.' Once she realized that there was a team in the background continuously monitoring her husband, 'it took so much stress off of me."

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