

Palliative Care Conference

Developing a Person Centred Chemotherapy Service

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The remit

- “We need some help to sort out the problem of missing chemotherapy charts....”



What we did

- Observed and recorded what patients asked us
- Mapped the end to end process
- Observed what went on in-
 - Outpatients
 - Aseptic Pharmacy
 - DCC Treatment Clinic
- Interviewed patients and colleagues
- Analysed Pharmacy schedule for missing elements delaying drugs
- Detailed case study review for cross-section of patients
- We analysed DATIX for prescription errors

What matters

- Obviously – that it works
 - To know the prognosis
 - To not know the prognosis
- Live a healthy life
- Prolong my life
 - ‘at my age, I did wonder if it was worth it’
 - ‘I don’t care what it costs my physically’

What matters

- “I like that I’m treated as an intelligent person who can make decisions. They don’t mind you asking questions. Its great that they have the hotline – as I’m on my own it’s reassuring to have that there. “

What matters

- “Delays. I’ve been here since 08.00 (8.30am appointment) and my chemo still isn’t here at 10.30am. I could have stayed in bed. Now I’m not going to get away before at least 2pm. My poor daughter in law will be coming back to pick me up at 12 – she’ll just have to wait. It’s important to me that pharmacy make the drugs on time.”

What could we do better?

- “I’ll put up with anything to receive my treatment.”
- “Well...waits are expected – it’s just the way it is.”

So what?

- So what if they attended lots of times?
- So what if their drugs were late?
- In fact, so what if some of their drugs are ready early and some are ready late?
- So what if lots of different people were involved in their treatment

Why is it like this?

- Systems conditions
- System and process evolution
- Assumptions



Systems Condition - Example

- **Systems condition** – Any relevant person can put the patient's information onto Mosaiq
- **Assumption** – That this will happen, and will be helpful. “Someone else has more time than me and will do it”.
- **Reality** – Different users have different levels of access/security. We are frequently missing vital information. Different levels of ability to use the system. Lack of clarity about who's responsible, and what's important (skillset to put on allergies?) Varying clinical knowledge and IT competence.
- **Effect** – Chaos! Chasing, time wasting, delays to treatment, multiple checking

Characteristics we aspire to

- Consider patients' needs first and what matters to them.
- Right first time – right info, right time, recorded right, right checks
- Zero chasing, zero delay
- Easy & simple to work, appropriate training
- Case ownership
- Calm completion of tasks
- Right tools – IT optimised
- Safe

The hypotheses we want to test

We think that inviting patients to a Chemo Chat clinic very early, prior to the 1st appointment:

- Will help patients to feel reassured as early as possible
- Will increase patients' ability to decide whether they wish to proceed to treatment at the time of the 1st appointment, allowing treatment to proceed without delay, with the added benefit of reducing the frequency of 2nd appointments to further discuss whether or not to proceed
- Will release some capacity at the 1st appointment, allowing the clinician to complete tasks fully during the appointment
- Will assist patients, for whom chemotherapy is not the preferred course of action, to understand and accept that decision

The trial

- 'SACT Facts' asap
- Hub model
- Drugs ready
- Treat

The trial

- What difference will it make?
 - Addressed systems conditions
 - Beneficial to patients
 - Better for staff
 - Better for the Trust

Lessons we have learned

- There is no substitute for knowledge
- You can't delegate learning
- Where are the Leaders?
- Resist temptation...
- Embrace failure
- You might get more than you bargained for...

Over to you

Any questions?