

Chemotherapy Multi-Day Bloodwork Model

Presented by:

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The Provincial CancerControl Context

Sentinel event (at another site)

Quality Assurance with Root cause analysis

Lack of clear, standardized process led to rushing

Process mapping & 5 Whys

Problem Statement & Solution



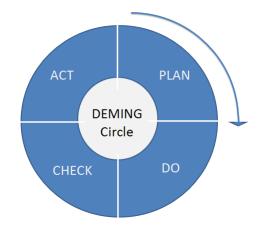
Role of CCA Process Improvement Team in supporting model uptake at regional cancer centres







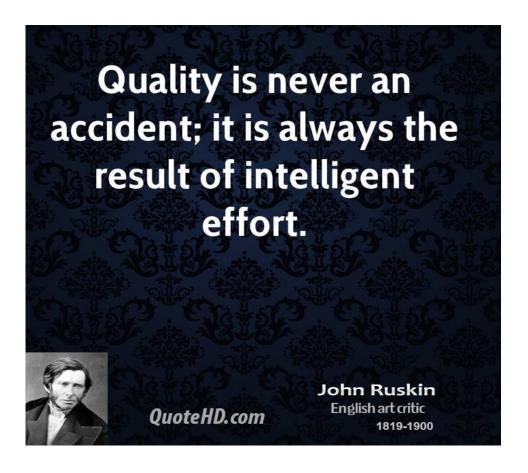






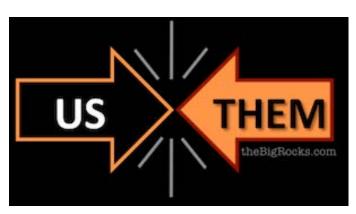


What we know for sure

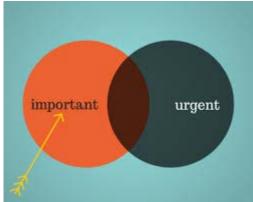




Before...







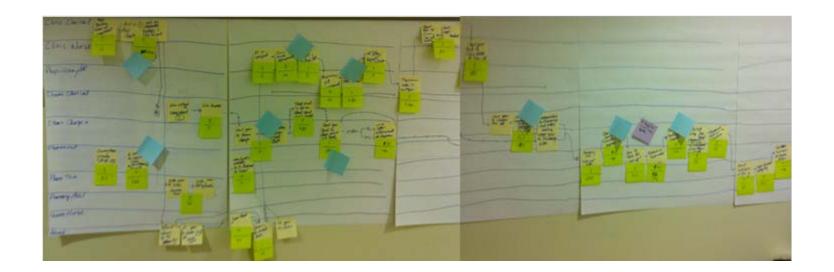


Knowledge

Alberta Health
Services Improvement
Way (AIW)
Fundamentals



Alberta Health Services



Alberta Health Services





What do we need to do?

- Bloodwork done 2 days prior to treatment
- Daily huddle of nursing and pharmacy
- Remove some duplication of nurse order review
- Department tours for staff of other disciplines
- Predictable nurse schedule
- Patient choice of blood draw location
- No "same day" treatment
- No repeat bloodwork
- Single pharmacist to do final check
- Pharmacy to send entire day's treatment medications together



Project Goal

"80% of orders would be sent to pharmacy, ready to go, by 14:00 on the day prior to treatment"





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- "What's Pharmacy's problem?"
- Time
- Is this best for the patient?



- Change prescribers' habits.
- Additional visit for the patient for labs.
- Pharmacy chemo-preparation processes



Success!

Orders to pharmacy by 14:00 is around 90%

And also...

- orders sent from pharmacy to nursing as one package increased from less than 50% to over 99%
- less patients were having their chemotherapy cancelled due to low blood counts
- Less RLS's
- Less overtime... in all nursing areas... clinic, treatment area, charge
- More High Fives!!





After

- Continuing regular bi-weekly meetings
- Continue goal monitoring and reinforcement
- Increased success of other processes
 - Independent double checks
 - Chair time bookings of chemotherapy
 - Concurrent chemo-radiation processes



Respect and Teamwork

