

STRIVE

The Chemotherapy Service

The Problems Identified

- Long waiting times for patients awaiting chemotherapy treatment.
- Chemotherapy drugs were prepared on the day by the pharmacy team, who are under pressure to prepare the drugs in a very short timeframe.
- Chemotherapy drugs were prepared in advance to try and relieve pressure, with a result that they are wasted if treatment does not then go ahead.
- Capacity issues within the Chemotherapy Department.
- Need for improved communication between chemotherapy and pharmacy teams.

The Solution

Wendy Anderson, Macmillan Nurse Consultant in Chemotherapy, has recently carried out a project aimed at enhancing the patient experience, improving staff satisfaction, and reducing wastage of drugs within the Chemotherapy Service in South Tees Hospitals NHS Foundation Trust. To ensure the success of the project it was important that all staff and services involved in the preparation and administration of chemotherapy drugs were involved from the very beginning and further, that communication between teams and between departments was clear. Although patients were not directly involved in the project, they were the primary concern of the project Board, and nothing was implemented which would have a negative impact on patients or their experience of care.

Outcomes

- A designated staff-link between ward and pharmacy aseptic services was created.
- Specific software was introduced which integrated with existing chemotherapy prescribing software.
- Awareness of the process of chemotherapy aseptic preparation, and awareness of the extent and value of unused chemotherapy, was increased amongst ward staff and prescribers.
- Relationships between staff and patients, and ward staff and pharmacy staff, were improved.
- The use of dose-banding, agreed between clinical pharmacists and prescribers, was optimised.

- Prescribing practice was changed so that all chemotherapy prescriptions were required to be with the pharmacy department at least 24 hours in advance of the scheduled delivery slot.
- High-value unused chemotherapy items were reported by the individual prescriber at multidisciplinary meetings.
- An agreed list of aseptically prepared chemotherapy drugs was created to indicate items which would not be prepared until final approval had been made on the day of administration.
- Scheduled administration times were provided on chemotherapy prescriptions, which enabled accurate prioritisation of aseptic preparation and planning of vial-sharing opportunities.
- A four point colour-coded aseptic preparation tray system was introduced, which provided an immediate visual cue to staff with respect to specific processes to be undertaken and their priority.
- The use of out-sourced chemotherapy was increased, largely enabled via dose-banding, which reduced the volume of chemotherapy prepared in-house and reduced wastage.
- Overall admission times were reduced and patient satisfaction was improved, due to tighter appointment scheduling.