

EXAMPLES OF AUDIT WORK AT BASELINE AND POST REDESIGN

Baseline audit:

1. Emergency Departments - to obtain baseline information, and an estimate of potential numbers for the AOAU (based on patients that attended ED) and to allow comparison of data when the audit was repeated once the AOAU was fully operational.

- *Stage 1 audit* – coordinated via triage nurses in Emergency Departments (Glasgow hospitals), linking in with the Emergency Department Information System (EDIS) for missing data. This identified patients with cancer who were on or within 6 weeks of treatment.
- *Stage 2 audit* – case note review of patients identified in stage 1 to determine a number of baseline measures such as: time to oncology review, investigations, number of bed days, compliance with national targets such as door to needle time for neutropenic sepsis, time to MRI for patients with malignant spinal cord compression.

(See Supporting Material 2 for full report)

2. Patient experience of seeking advice during cancer treatment

- 100 patients on chemotherapy or radiotherapy completed a questionnaire about their experiences of seeking advice if needed, whilst on treatment. A nationally agreed questionnaire was used for this and showed a variety of different views.

3. Review of the 24 Hour Telephone Contact Information Given to Patients Undergoing Treatment

Key findings:

- Substantial variation in practice in terms of 1) the information that staff gave to patients about who to phone, and 2) the guidance that they gave to patients when they received a call.
- Although there are good quality written resources available to patients which contain information about who and when to contact, there was inconsistency across clinical areas in who gave this and in how/when they were used.
- There was inconsistency within clinical areas (eg Day Unit, wards) in advice given to patients about who and when to call.
- Despite patients being given written advice with local contacts, some still chose to phone Out of Hours GPs and NHS 24.
- There was a lack of clarity for staff in terms of advice to give patients about who and when to call.
- There was a lack of clarity for patients about what action to take when unwell at home, as they were often given a variety of different numbers.
- There were particular challenges with Out of Hours (OOH) telephone support for patients treated outwith the cancer centre but within the health board.

All of the above baseline audits helped to guide the planning of the redesign.

Audit post implementation of AOAU and helpline

1. Evaluation of first 3 months of AOAU activity

Evaluation of the first 3 months of AOAU activity (Oct-Dec 2013) showed 159 attendances for a wide range of reasons including oncological emergencies. Evaluation showed AOAU to be a safe and effective service with clear patient benefits (eg prompt starting of antibiotics for suspected sepsis, early detection and immediate management of suspected spinal cord compression, effective nausea and vomiting management, specialist self care advice for chemotherapy toxicities).

(See Supporting Material 3 for full report)

2. Evaluation of first 6 months of AOAU activity

(342 patients)

Full report awaited.

3. Evaluation of first 4 weeks of helpline activity

(297 calls).

Analysis of the first 4 weeks of the helpline activity is underway and preliminary results show that 297 calls were received during this time, which is an average of 10-11 calls per day. This number has increased for April and May as more patients receive the alert card, and then should stabilise. 92% of calls were from the patient or family and 8% from other health care professionals including GPs.

April - 347 calls (= 11.6 calls per day)

May - 384 calls (= 12.4 calls per day)

Evaluation is being collated on a monthly basis.

4. Sepsis 6

Report on first 7 months of AOAU (Oct 13- Apr 14). Data on 60 patients for the following ten criteria:

- 1) SIRS documentation when NEWS triggered
- 2) Time to first antibiotic
- 3) Oxygen administered to achieve saturations 94-98% (88-92% in CO₂ if retainer)
- 4) Blood cultures within one hour
- 5) IV antibiotics commenced within one hour
- 6) IV fluids commenced within one hour
- 7) Lactate and FBC measured within one hour
- 8) Urine output measured
- 9) Sepsis 6 performed within one hour
- 10) Compliance with antibiotic policy or microbiology advice
 - Median time to antibiotics (Measurement 5) peaked at 1 hour 7 minutes in the first month. Overall compliance was 92% within the hour. More recently this has consistently been below one hour with a range between 25 and 50 minutes.
 - 95-100% compliance achieved for other nine measurement criteria.

(See Supporting Material 4 for full report)

5 Patient and staff experience

Qualitative and quantitative evaluation of

- Patients' experience of both the helpline and the AOAU
- Staff experience of delivery the service

Planned for June - December 2014

(See Supporting Material 5 for outline proposal)