



3rd Annual Quality & Patient Safety Conference Improving the Healthcare Journey for Patients & Staff



TITLE

A quality improvement project: The successful implementation of a standardised clinic template for screening radiation-induced late-effects in Hodgkin lymphoma (HL) patients.

SUBMITTED BY

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ABSTRACT

INTRODUCTION

Long-term survivors of Hodgkin Lymphoma require screening to prevent treatment related complications (Ng, 2014). I identified that screening was not adequate for this patient cohort in St Luke's Radiation Oncology Centre, Beaumont Hospital. I recognised a need for a screening protocol tailored to a clinic setting with rotating NCHDs without expert knowledge. I completed an audit to quantify the problem and then a post intervention audit to measure its' success. This quality improvement project (QIP) consisted of a clinic template based on the National Comprehensive Network (NCCN) and Childhood Oncology Group (COG) guidelines (Richard et al., 2017) (Group., 2014).

METHODOLOGY

The Model for Improvement is the approach I used to implement the clinic template for screening.

AIM

The introduction of the clinic template seeks to achieve comprehensive follow-up of Hodgkin's Lymphoma patients and ensure compliance with international guidelines (NCCN and COG guidelines).

CHANGE IMPLEMENTED

The template was designed following a literature review of the guidelines and drafted into a document uploaded to ARIA (SLRON electronic patient records). It is used by the doctor / nurse practitioner in clinic and also serves as the clinic letter.

MEASUREMENT

Analysis was completed on 30 patients. Electronic patient records were assessed for screening. Discussion with stakeholders, i.e. consultants treating lymphoma, was held to ensure agreement with the initiative. I completed a post-intervention audit.

RESULTS

Of 30 patients lymphoma patients, 21 were followed-up. Of the 21, 0% had complete follow-up; however, this was due to advice re influenza vaccination being omitted at 100% of yearly intervals.

Taking a less punitive stance, TFTs were missed at 40%, and FBC, U+E, lipids were missed at 36% of annual follow-ups. 19 lymphoma patients were audited in the post intervention audit; 100% of patients had full screening completed in compliance with NCCN and COG guidelines.

VALUE

This QIP is a patient-centred, quality improvement intervention incorporating an innovative screening method to improve care provision to patients. It benefits staff and service through comprehensive follow-up of patients through a simple clinic template thus facilitating smooth running of clinics. Adequate screening mitigates the potential financial risk of litigation from missed screening.

SUSTAINMENT

I plan to extend the post intervention audit six months post implementation of the template to assess if the clinic template continues to be an effective.

ADDITIONAL INFORMATION

The successful implementation of this quality improvement initiative would support the introduction of a clinic template for other oncology patient cohorts.