



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



TITLE

Inpatient Consultation Service in SLRON Beaumont

SUBMITTED BY

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ABSTRACT

INTRODUCTION

The radiation oncology inpatient consult service in Beaumont hospital is a busy and time pressurised service. Prior to this project, the number of patients were not being tracked and there was no record of workload or staff resources used. Furthermore, the St Luke's building uses "ARIA" online records only, unlike the main Beaumont hospital which is a paper chart system, creating significant challenges for handover between teams and / or team members and potentially unsafe patient care. The ability to monitor progress of complex cases and ensure all team members involved were up to date was unreliable.

METHODOLOGY

All stakeholders were consulted. An online process was defined & tested to create a inpatient referral task.

AIM

The aim behind this project was to record consults in the ARIA for first time ever and also create a safer handover system to follow-up consults and finalise treatment plans.

CHANGE IMPLEMENTED

The QIP was run as plan, do, and study act (PDSA) cycles. It was evaluated 2months later. At this time we amended the online design. All inpatient consults are logged as a metric and included in the QIP final report.

MEASUREMENT

We measured the number of consults per team, the intent of consult, the quantity of radiation provided, the number pts treated and the site of treatment target.

RESULTS

A total of 91 consults were received in a 5 month period: 13 cases were radical, 45 cases were palliative, 33 cases did not receive any radiation. The most common dosing in palliative cases was 8gy/1fr (n=14). Palliative Radiation to bone was the most common site of radiation treatment. The aim of our project was certainly achieved.

As a result of the findings an action plan was developed with recommendations

VALUE

All stakeholders involved in the process found the new pathway easy to use. Feedback suggests the risks associated with clinical handover are much reduced by this process

Data regarding workload in the service is now easily accessible. Better patient care is provided with a more efficient and safer service.

SUSTAINMENT

At the doctor changeover every 6 months within St Luke's Network in Beaumont there is a tutorial for all new team members to learn the consult pathway. We continue to perform PSDA cycles to get user feedback for improvement.

ADDITIONAL INFORMATION

We hope to include other forms of consults such as outside hospital phone consults to also better record.