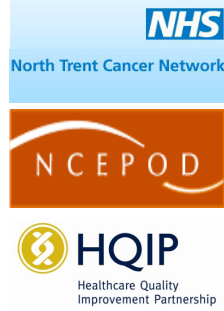


North Trent Cancer Network Systemic Anti-Cancer Therapy: 30 Day Mortality Multi-Site Audit

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Objectives

- Follows NCEPOD review (2008) "For better, for worse"
- Review of all haematology patients dying within 30 days of systemic anti cancer chemotherapy (SACT)
- To learn lessons and share learning across the network,
- To improve quality and safety for patients receiving cancer care
- To prevent a recurrence of avoidable deaths or untoward incidents

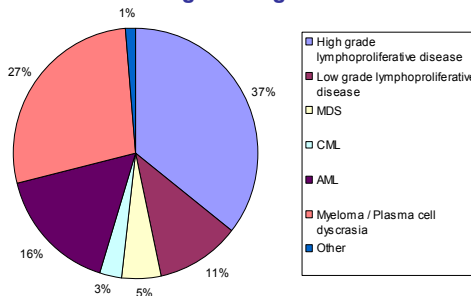
Design and Methods

- Covers all 5 provider Trusts in the North Trent Cancer Network (NTCN) following initial pilot in 2 trusts and preliminary 1st round
- Internal medical and pharmacy review of all identified cases with set proforma
- External peer review of all cases
- Presentation of results and learning points at multi-site, multi-disciplinary meeting (video conferencing)

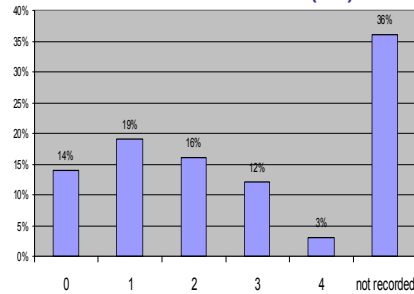
Results

- Data for 73 patients over 4 rounds
- 29% treated with curative intent; 71% with non-curative / palliative intent

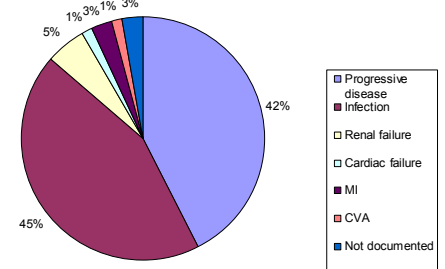
Haematological Diagnosis



Performance Status (PS)

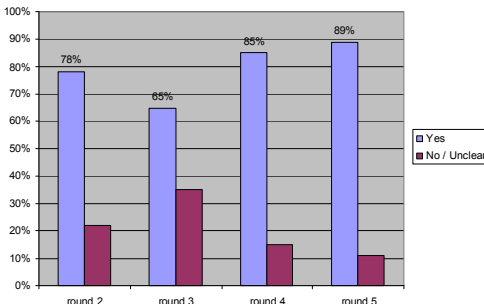


Cause of Death



Improving Trend in MDT Discussion Rates

Over Rounds 3-5



Learning Points Highlighted

- 29% deaths in patients treated with curative intent and many non-curable patients expected to have potentially prolonged survival with novel therapy
- Although some patients treated with late stage disease, on review all decisions to trial chemotherapy appropriate
- Importance and lack of MDT discussion – level comparable to national results
- Lack of PS recording
→ All MDT proformas now include mandatory PS recording
- Patients treated at PS ≥3 – small proportion but on review chemotherapy appropriate
- Patients dying of neutropenic sepsis after refusing ward admission / ITU escalation (2) – ?education issue ?consent issue
– management of neutropenic sepsis highlighted as major concern in NCEPOD report
- Lack of documented consent (2)
- Only 1 case of possible inappropriate chemotherapy choice – rituximab for T-cell lymphoma (1)
- Up to date weight required for chemotherapy prescription (14 months out of date) (1)

Successes

- Inclusion of all sites in NTCN
- Commitment of participants
- Improvement in patient management as a result of audit: MDT network proforma now includes PS as mandatory requirement
- Improving trend in MDT discussion rates rounds 3-5

Challenges

- Time constraints – information gathering limited
- Changes in key personnel with data retention problems
- Reorganisation of cancer networks as NHS organisations – unclear how patient care pathways will be affected
- No improvement in documentation of PS

References

For better, for worse? A report by the National Confidential Enquiry into Patient Outcome and Death (2008)

Acknowledgements

All clinicians in the North Trent Cancer Network wish to thank HQIP for their funding and support of this project