KidsChemo: a quality improvement approach to improving the experience of chemotherapy for children with cancer in Wessex.

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#QIWessex, #cclgqi, #kidschemo

1 Background

Every 5 hours a child is diagnosed with cancer in the UK. 82% are cured and living beyond 5 years. But, for a child diagnosed with leukaemia the commonest form of childhood cancer this survival comes at the price of >900 days of treatment with chemotherapy.

> Do the best you can until you know better. Then when you know better, do better.
>
> - Maya Angelou

As we know more about how to cure children with cancer we now need to look more closely about how to improve their journey through treatment and beyond.

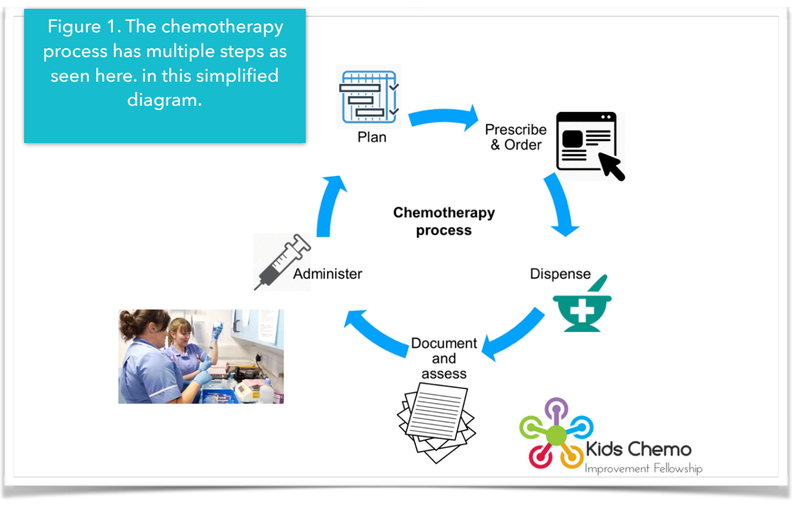
2 Introduction

Kidschemo was a 1 year project which looked in detail at the experiences of patients and staff at the Wessex paediatric oncology service based at Southampton Children Hospital.

3 Aim

Improve the delivery of effective and efficient chemotherapy service to the children of Wessex by eliminating unnecessary delays, duplicate blood tests and creating a clear reliable process.

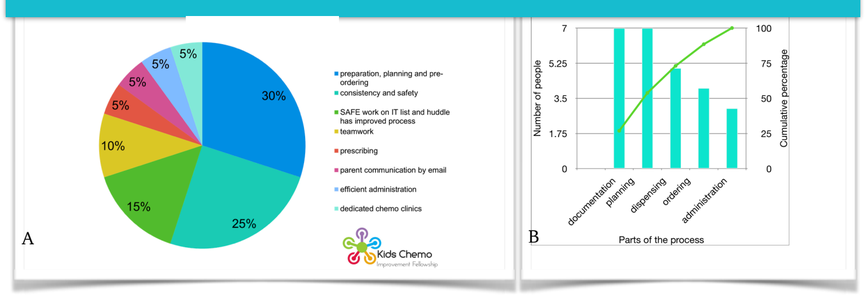
Figure 1. The chemotherapy process has multiple steps as seen here. in this simplified diagram.

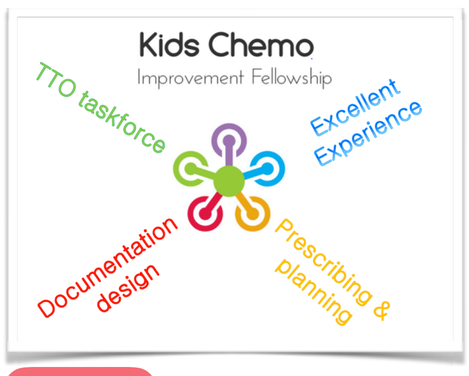


4 Methods

The fellowship used quality improvement methodology incorporating a in-depth scoping phase supported by pareto charts, multi-disciplinary initiated changes, plan-do-study-act (PDSA) cycles and data measurement displayed through run charts.

Figure 2: Pie- chart shows the parts of the chemotherapy service felt to work well for staff surveyed at the beginning of the project. B Pareto chart shows which areas they felt required improvement.





5 Scoping

Through in-depth interviews, focus groups, surveys and workshops with staff we identified the parts of the chemotherapy process which work well and those that needed improvement.

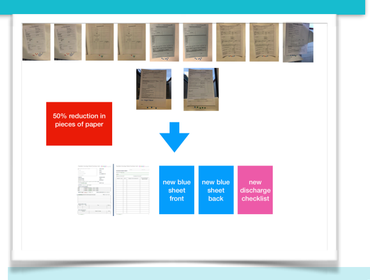
6 Work-streams

We developed 4 work streams for the fellowship Excellent Experience, To Take home medication (TTO) Taskforce, Prescribing & Planning and Documentation Design.

Excellent Experience: This workstream used experience based co-design methodology to explore in-depth patient experience. We filmed 12 families talking through their experience of their child being diagnosed with cancer in our service and identified areas for action. 5 themes emerged as can be seen here. Thematic analysis and prioritisation was undertaken in staff and patient workshops before being shared with the wider team to develop co-design groups to take the solutions forward.

Documentation design: was a multi-disciplinary team which evaluated and streamlined the existing clinical paperwork. After 13 meetings, multiple PDSA cycles and revisions...the main action has been a 50% reduction in unnecessary and duplicate paperwork.

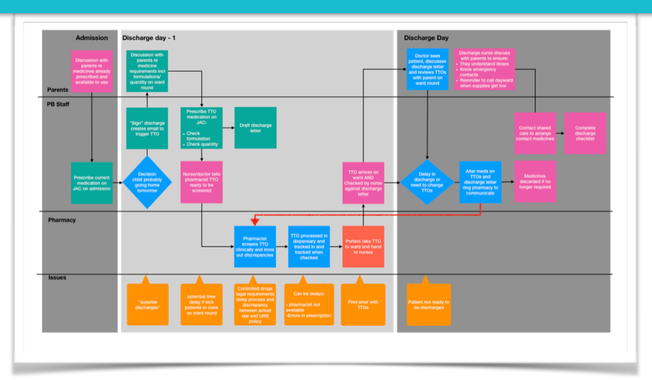
Figure 3. A. Shows the original number of documents and a visual representation of the reduction in paperwork achieved by the project. B. Shows the involvement of the wider



TTO taskforce: was run by a trainee paediatrician, the current process of creating and organising discharge medications was process mapped and reminder cardsand book marks were introduced to increase medicines reconciliation and reduce time waiting for medications.

Figure 4. A. The TTO taskforce worked on a process map to look at how to simplify the complex process of creating discharge medications. B.Shows the bookmark created to raise awareness of medicines reconciliation. C. Shows the involvement of the wider multi-disciplinary team in the joint patient-staff

Figure 5. A. This formalised process map was created by a parent with a background in project management as part of the co-design work It leads on from the post-it notes above describing the process.



Prescribing & planning: this work stream was challenged by the national mandate requiring conversion to electronic prescribing and by loss of a key pharmacist. This is the major area for focus of future projects.

7 What next?

We have 2 ongoing co-design workgroups involving patients and staff working towards improving the discharge process, working on parent friendly format of the letter and medications support. We have formed a group of parents developing a helpful "users guide" for other parents with hints and tips. Spin off projects have included national work on a patient medications passport for children and collaborating with RCPCH &US campaign & medicines for children.

8 Watch the film:

Hover over this QR code to watch the KidsChemo film,

password piambrown2018.

9 KEY ACHIEVEMENT:

The key achievement of my kidschemo project has been how listening to patient stories has engaged and involved staff from the whole wide multi-disciplinary team. The kidschemo film has sparked a catalyst for dialogue with our families and has already been used regionally as an educational tool.

Lessons Learnt:

1 STAY SMALL

Refine your initial project goal, draw yourself in and try and obtain a clear achievable focus.

2 PEOPLE, PEOPLE, PEOPLE

Recruit enthusiastic team members early on, who clearly see your vision and share your drive.

3 COMMUNICATIONS STRATEGY

Plan who to tell and how to tell them, throughout and after your project is finished.

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Southampton Children's Hospital · Children's Cancer and Leukaemia Group 40 YEARS SAVING YOUNG LIVES · Meds IQ Sharing QI resources for paediatric medication safety · RCPCH &Us The voice of children, young people and families · University Hospital Southampton NHS NHS Foundation Trust