Aims & Objectives

Aim Statement:
- Re-design current Cancer Care proforma with the aim to improve;
  - Completion of venous thrombo-embolism (VTE) assessment
  - Number of Do Not Attempt Resuscitation (DNAR)/escalation decisions
  - Completion and clarity of post-take ward round documentation

Timescale: Four month period

Outcome Data: Qualitative (feedback sessions) and quantitative (audit sessions)

Methods

Original proforma audited in three in-patient oncology wards:
- February audit: 62 proformas included
- April audit: 31 proformas included
- May audit: 28 proformas included

Two feedback sessions of multi-disciplinary healthcare professionals (HCPs): 22 HCPs participated in 1st session and 13 HCPs participated in 2nd session.

Results

Quantitative Outcomes
- VTE assessment completion increased from 24 of 62 patients (37.5%) in February audit to 14 of 28 (50%) patients in May audit – 33% increase in completion
- DNAR/escalation status decisions increased from 11 of 62 patients (18%) in February audit to 8 of 28 patients (29%) in May audit – 61% increase in escalation status decisions
- PTWR section completion increased from 0 of 62 proformas in February audit to 15 of 28 proformas (46%) in May audit.

Proforma Re-Design
- Admission proforma was halved in size (8 to 4 pages)
- Post-take ward round (PTWR) section expanded to full page with large, clear medical plan section
- VTE assessment and escalation status decision triggers clearly positioned within the document

Conclusions

Re-designing the Cancer Care admission proforma led to improved VTE completion and DNAR/escalation status decisions and, qualitatively, users reported significant improvement in satisfaction with the document

However, there remains room to improve VTE completion and number of escalation decisions

This project is limited by its relatively small sample sizes meaning difficulty in drawing firm statistically conclusions of improvement

The new proforma has been accepted by Cancer Care Governance Group and will be utilised within Cancer Care going forward

Lessons learnt

- Maintaining active communication flow between all stakeholders during the trial period maximises engagement in the process of change
- Ensure robust consultation process before starting process of change to ensure that all stakeholders contribute to change