A PATIENT CENTERED APPROACH TO IMPROVING COMMUNICATION ACROSS A HOSPITAL

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BACKGROUND

This work took place in a busy oncology/haematology department in a regional hospital in Drogheda. There is no dedicated inpatient ward for these patients and if admission is necessary it is generally under non specialists. There was often poor communication between the admitting team and the specialist service with only 5-10% of admissions historically notified to the Oncology and Haematology teams. This potentially increased the risk of misdiagnosis, inappropriate treatment and longer length of stay. There were not only patient safety implications but also other issues including delayed cancellation of chemotherapy drugs which was a cost issue and potentially longer length of stay and unnecessary use of resources.

OBJECTIVES

The aim of this project was to ensure that the haematology-oncology team were informed of >90% of haematology-oncology patient admissions by 10.00 am the next day. The hypothesis was that by improving this communication, there would be substantial benefits in terms of patient safety, satisfaction and improved use of resources [beds, drug costs, investigations, etc].

Figure 1. Word cloud of patient feedback to new system

Methods

We used the Model for Improvement to test, implement and sustain a number of changes we predicted would improve the communication process. These included provision of a card to patients and families stating that they were attending the haematology/oncology unit and in the event of an admission, the appropriate team was to be informed [bleep and phone numbers supplied]. The cards were colour coded depending on whether patients attended the haematology or oncology service.

We initiated a texting service where patients text a mobile number following presentation to the ED department or admission to the hospital. This phone is monitored by both nursing and NCHD staff. We provided education for patients and their families re the above changes. Nursing and medical staff both in the unit and in the hospital, including NCHD'S were educated. The education was vital as this was a new form of communication for the patients.

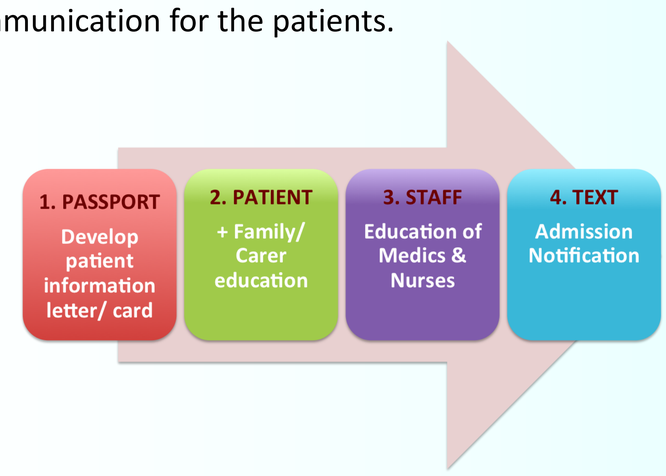

Figure 2. Outline of various PDSAs undertaken

RESULTS

We plotted the results using run charts which show a rapid and sustained rise in notifications to a rate of currently above 90%. It has not been possible to quantify savings in terms of bed use, reduced diagnostic and therapeutic Interventions, but we have noted a reduction of wasted chemotherapy as a result of timely notification of admissions

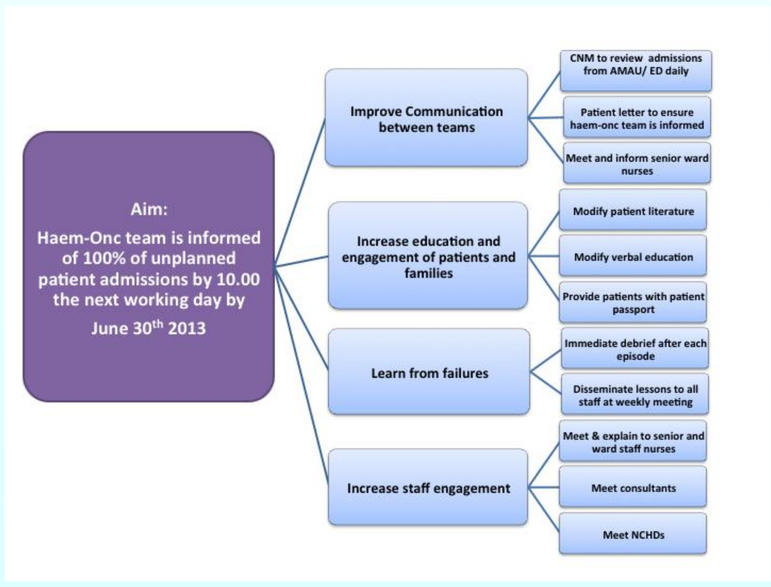

Figure 3: Driver Diagram

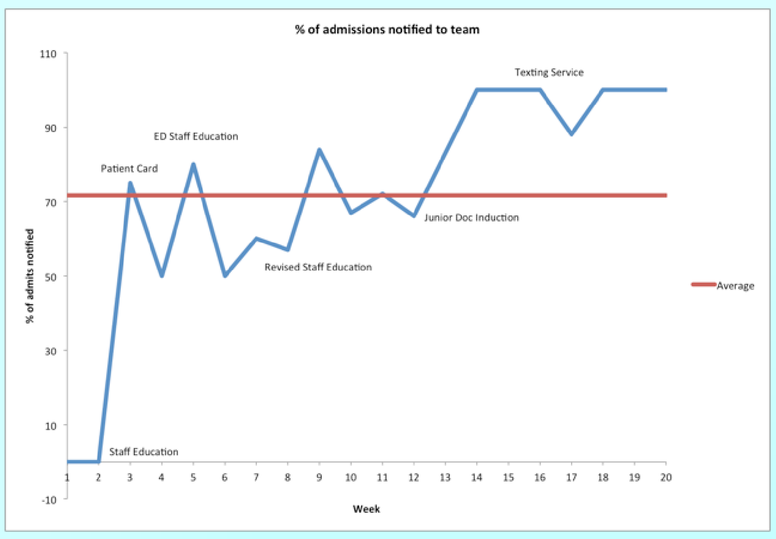

Figure 4: Run chart demonstrating changes (PDSA cycles) and improvements

Summary- Future Aims

- This project is ongoing and there is a need for regular reinforcement and education of patients, carers and staff.
- We aim to develop a tagging system in the hospital IT system to track patients
- We intend to audit the length of stay of prior to and following the initiation of this QI project
- We will develop a pathway for our patients presenting to the emergency department and acute medical assessment unit
- We have shown that by improving patient experience and safety, we can also substantially reduce costs by minimising the amounts of wasted chemotherapy

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