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CLINICAL AUDIT TO ASSESS DELAYS IN CHEMOTHERAPY ADMINISTRATION AT DAY CARE ONCOLOGY CENTER AT A TERTIARY CARE HOSPITAL IN KARACHI, PAKISTAN

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Introduction: Waiting times for initiation of treatment is a major concern for patients in the general medical as well as oncology patient population. Extended waiting times affect compliance to clinic appointment and treatment plan. Along with this, lack of medical personnel and ambulatory care space also leads to increased waiting time. Prolonged waiting times also result in financial burdens, an area requiring further exploration. There is a great responsibility on the chemotherapy unit to give treatment timely and safely. Once patients enter the hospital, they have the right to expect that every effort is made to their care and treatment, which are both safe and effective with no delays.

Aim: There were delays reported by patients in chemotherapy administration in day care oncology. Therefore, we decided to audit all processes which are involved in chemotherapy administration. The objective is to improve our service by decreasing the time between admission and initiation of chemotherapy and identify the reasons for delays.

Methods: Audit was conducted in three parts. In review I, audit tool was developed, and information documented of 109 patients

receiving chemotherapy at day care center from 14 April till 13 May 2015. Five processes were assessed out of which delay in initial assessment by the nurse was the only factor identified leading to delay in chemotherapy. Review II was done from 1st March till 31st March 2016 of 208 patients after increasing the number of nurses and Review III from 7th June till 25th August, 2016, of 287 patients by dividing the initial assessment process at two different areas in order to decrease delay in initial assessment. This audit was approved by ethical review committee # 4521-Onc-ERC-16.

Results: Seventy two percent of patients had their initial assessment done within fifteen minutes of arrival in day care in the first audit. In second part of audit after increasing number, this percentage decrease to 55% and finally in third part of the audit percentage was improved and increased to 75% after separating initial assessment process into two areas ($P < 0.001$, Kruskal Wallis Test).

Conclusion: After separating initial assessment process into two different areas, delays in chemotherapy administration improved.

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