

# Implementation of an End of Treatment Discharge Checklist for early phase trial oncology patients

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## Background

- ❖ Continuity of care is important to ensure that patient needs are met safely and efficiently, as well as improve patient experience.
- ❖ In inpatients facilities, discharge checklists are used as a standardisation tool to ensure clinical needs are met in the community.
- ❖ However these checklists are not used in outpatient areas, nor is there a systematic discharge nursing process for clinical trial patients at The Christie to address the handover of care needs upon discharge.
- ❖ As an outpatient facility, the Experimental Cancer Medicine Team (ECMT) at The Christie decided to create a trial discharge checklist in response to patients lack of continuity of care after discontinuing from trial.

## Aims

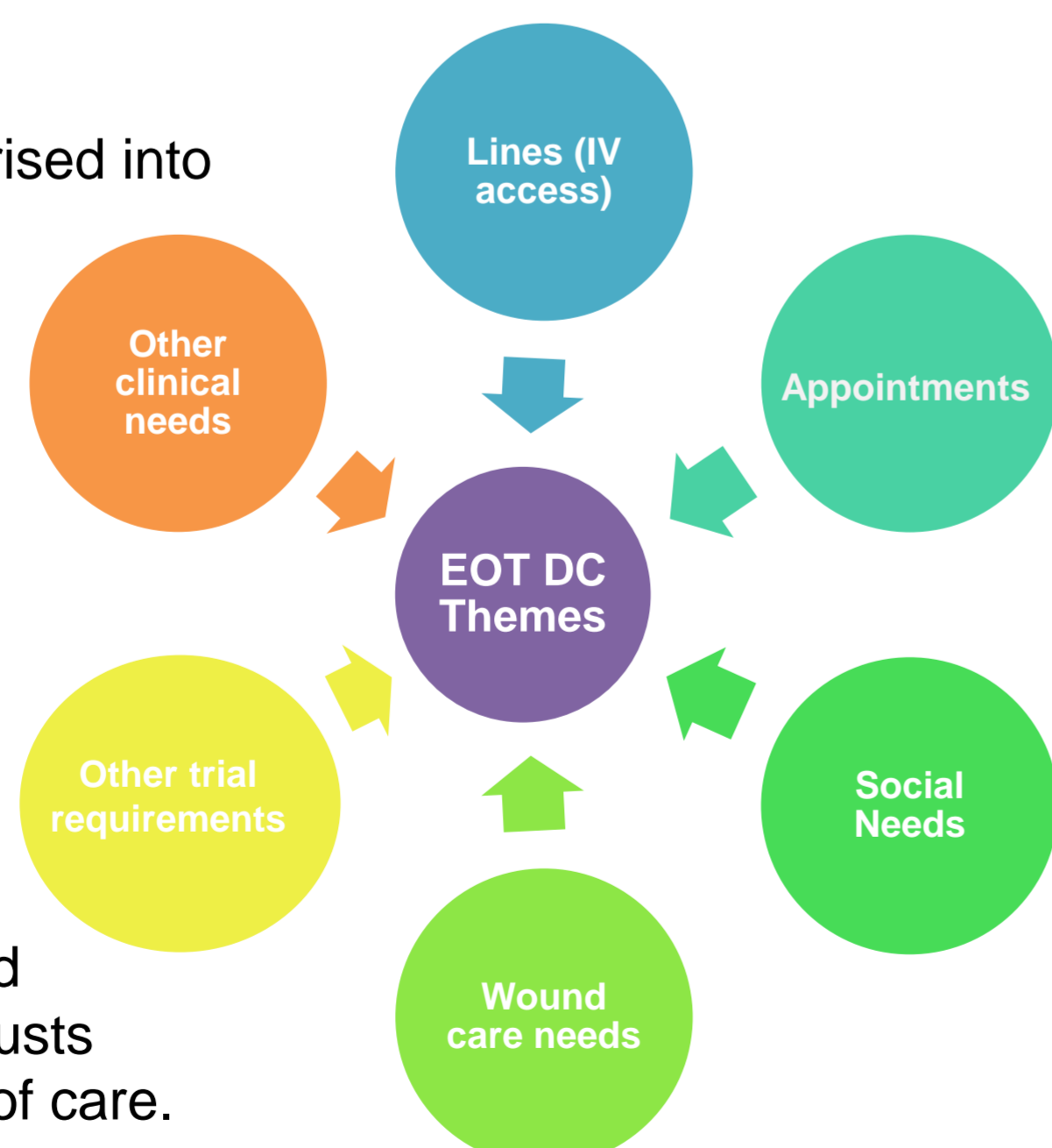
- ❖ To improve patient experience in transition between ECMT and their local oncology team
- ❖ To ensure patients clinical needs are met outside of trials team through referrals to local/community teams
- ❖ To ensure trial follow up arrangements are planned and patients are aware of these appointments

## Methods

- ❖ In order to create the checklist, information was gathered from the following sources:



- ❖ ECMT Trial Lead Nurses fed back what they considered important elements to consider when discharging a patient from our service.
- ❖ This was combined with outpatient relevant elements of the Trusts Inpatient Discharge Checklist as well as specific considerations from previous patient discharges where care needs were left unmet.
- ❖ This data was then categorised into the following themes (Figure 1) which served as additional prompts in further discussions with patients:
- ❖ Process agreed for the Trial Lead Nurse to complete the checklist with the patient at their End of Treatment (EOT) visit. This discussion should then be entered onto the trusts EPR system for continuity of care.



(Figure 1: End of Treatment Discharge Checklist themes)

## Results

- ❖ The checklist was trialed over 2 months with informal feedback from trial lead nurses being collected throughout this time.
- ❖ The checklist was then updated to reflect this feedback including a feedback section which allows patients to provide comments on the trial they participated in as well as the wider ECMT service.

## Results (continued)

No. of patients that discontinued from treatment in ECMT	No. of patients eligible for checklist use	No. of clinical incidents as a result of inefficient discharge
31	29	0

Table 1 – This represents the patient group targeted over the 5 month period the checklist has been implemented as well as the number of incidents as a result of inefficient discharge, reflecting our aims of the project.

- ❖ One aspect that was not considered in the implementation strategy was the discharge process for patients who do not have a formal end of treatment (EOT) visit.
- ❖ As demonstrated in Table 1, two patients did not complete a formal EOT visit, either as an outpatient or via telephone consultation. The reasons for this were:
  - Patient 1 died whilst on trial
  - Patient 2 deterioration and admission to local hospital
- ❖ Whilst patient 1 would have not benefitted from the completion of the EOT checklist, for patient 2, it is important that their needs are communicated to the healthcare professionals taking over their care.
- ❖ In patient 2's case, although the EOT checklist can be used as a guide to facilitating discharge from ECMT, the patients needs are likely to be more complex and fast changing due to the acute deterioration of their condition.
- ❖ To improve this area of ECMT's service, a Clinical Nurse Specialist (CNS) role has been introduced in the team.
- ❖ Part of the CNS role will be to help facilitate complex patient discharges from ECMT, contacting relevant services to ensure patients needs are met in a timely manner.
- ❖ It is important to also note that when Trial Lead Nurses were asked about what EOT service or process they provided for their patients prior to the EOT checklist, 50% replied that they did not have a formal process. Additionally, replies to this question varied, reflecting an inconsistent response from the team as a whole.
- ❖ Therefore, having a formal process such as this, provides a systematic approach to fulfilling care needs, providing closure to patients from the trial process.

## Conclusion

- ❖ The End of Treatment Discharge checklist has led to fewer cases of outstanding care needs after patient discharge
- ❖ It has provided a standardisation of addressing care needs at the discharge part of the trial process
- ❖ Although the checklist does not suit every patient discharge, complex discharges can be facilitated by the ECMT CNS.
- ❖ Further study is required on how complex discharges can be identified and care needs addressed for ECMT patients

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