

Project Title

Multipronged Approach to Right-Site Cancer Patients Receiving Subcutaneous GCSF Injections

Project Lead and Members

Division of Oncology Nursing:

- C.T. Chua
- Y.M. Lee
- S.Q.G. Cham
- K.S. Aeint
- N.S.A Samad

Organisation(s) Involved

National University Cancer Institute, Singapore

Aims

To reduce at least 50% of the adult cancer patients receiving Subcutaneous GCSF injections in the Ambulatory Cancer Centre in 10 months through right-siting of care.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Conclusion

See poster appended / below

Additional Information

Singapore Healthcare Management (SHM) Conference 2021 – Merit Award
(Operations Category)

Project Category

Care & Process Redesign

Keywords

Care & Process Redesign, Right-Siting, Process Improvement, Time Saving, Oncology, Nursing, Healthcare Administration, National University Cancer Institute Singapore, Operations, Granulocyte Colony Stimulating Factor, Subcutaneous GCSF Injection, Cancer Patients, Chemotherapy, Ambulatory Care Centre, Ishikawa Diagram

Name and Email of Project Contact Person(s)

Name: Chua Chue Teng

Email: singaporehealthcaremanagement@singhealth.com.sg

If you're experiencing problems submitting your content, please contact the CHILD Administrator at CHILD@ttsh.com.sg



Multipronged Approach to Right - Site Care for Cancer Patients receiving Subcutaneous GCSF injections

C.T. Chua, Y.M. Lee, S.Q.G. Cham, K.S. Aent & N.S.A Samad
Division of Oncology Nursing,
National University Cancer Institute, Singapore

Introduction

- Subcutaneous Granulocyte Colony Stimulating Factor (GCSF) is a growth factor given to boost white blood cells recovery post chemotherapy.
- The injections can be taught to patients/caregiver for self-administration at home.
- However, most cancer patients prefer to return to the Ambulatory Cancer Centre for the injections.

Problem

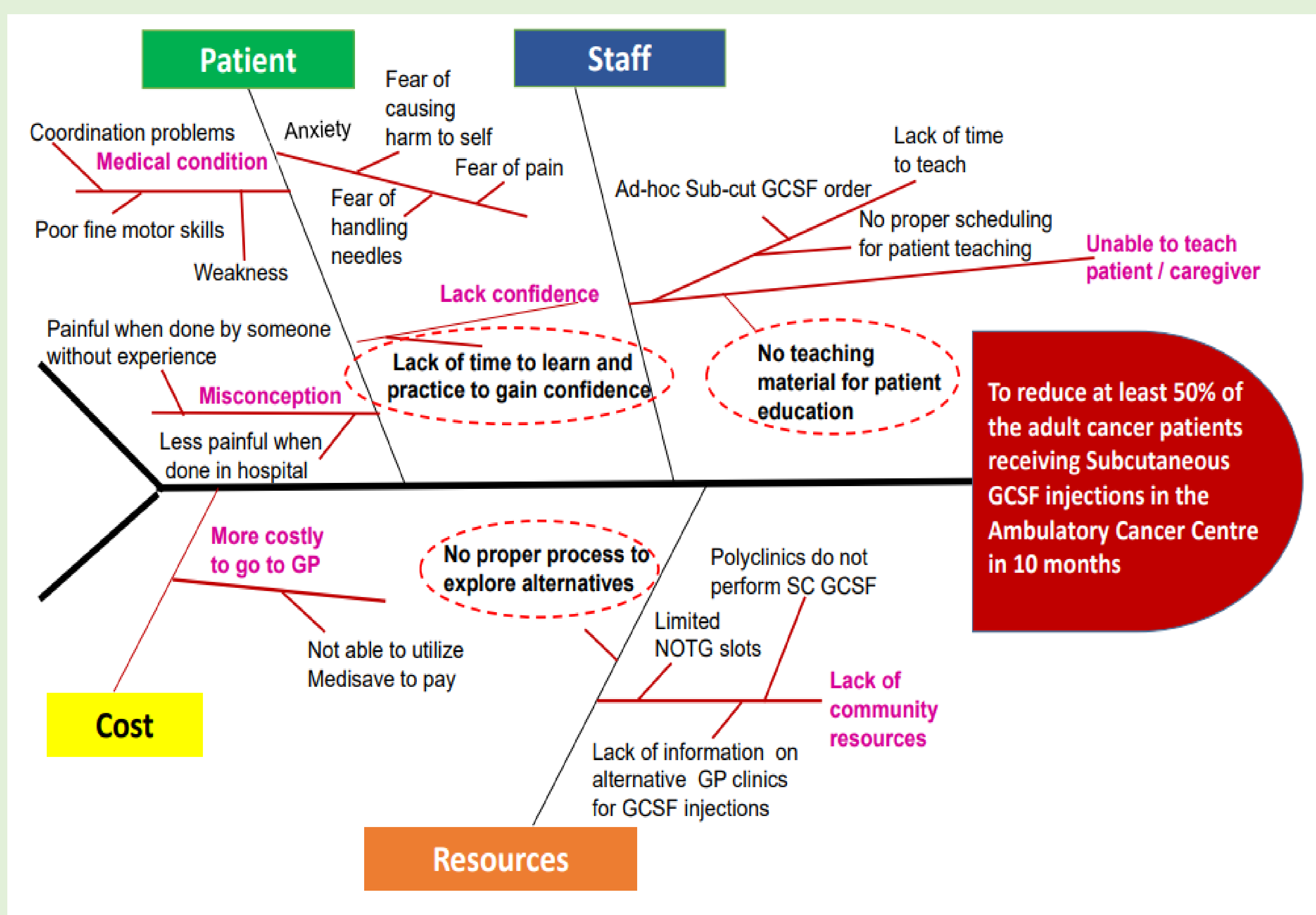
- [N=1001] cancer patients received SC GCSF injections at the Ambulatory Cancer Centre from January 2019 to October 2019.
- It led to long wait time, increased workload, competition for chemotherapy treatment slots and inefficiencies in resource utilization.
- To mitigate the situation, an initiative was introduced to right-site treatment by encouraging uptake for self-administration at home or referral to the General Practitioner (GP) clinic.

Aim

To reduce at least 50% of the adult cancer patients receiving Subcutaneous GCSF injections in the Ambulatory Cancer Centre in 10 months through right-siting of care.

Method

- Barriers were identified using the Ishikawa diagram.



- The top three reasons cited were:

1) No established process to explore alternatives to receive SC GCSF injections

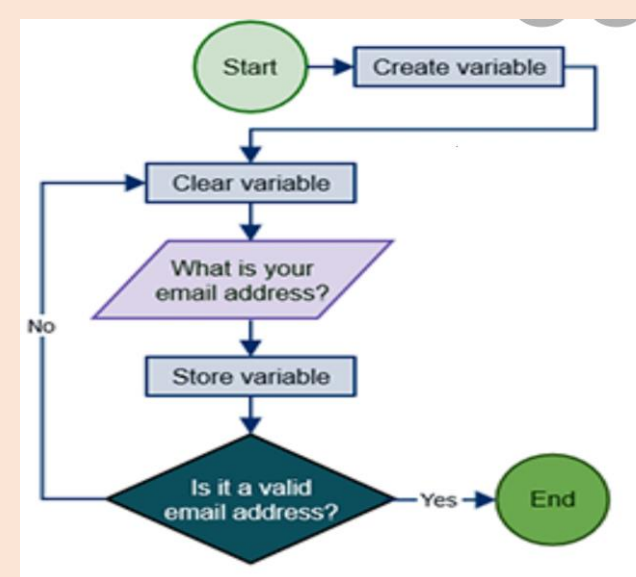
2) Lack of time for patients/ caregivers to gain confidence to administer SC injections at home

3) Lack of standardized & updated training resources

Targeted Interventions – a multipronged approach

1) No established process to explore alternatives to receive SC GCSF injections

- Develop an algorithm to explore alternatives for SC administration of injections.
- Develop a standard GP referral letter.



2) Lack of time for patients/ caregivers to gain confidence to administer injections

- Collaborate with physicians to refer patients/ caregivers early.
- Commence education earliest possible.



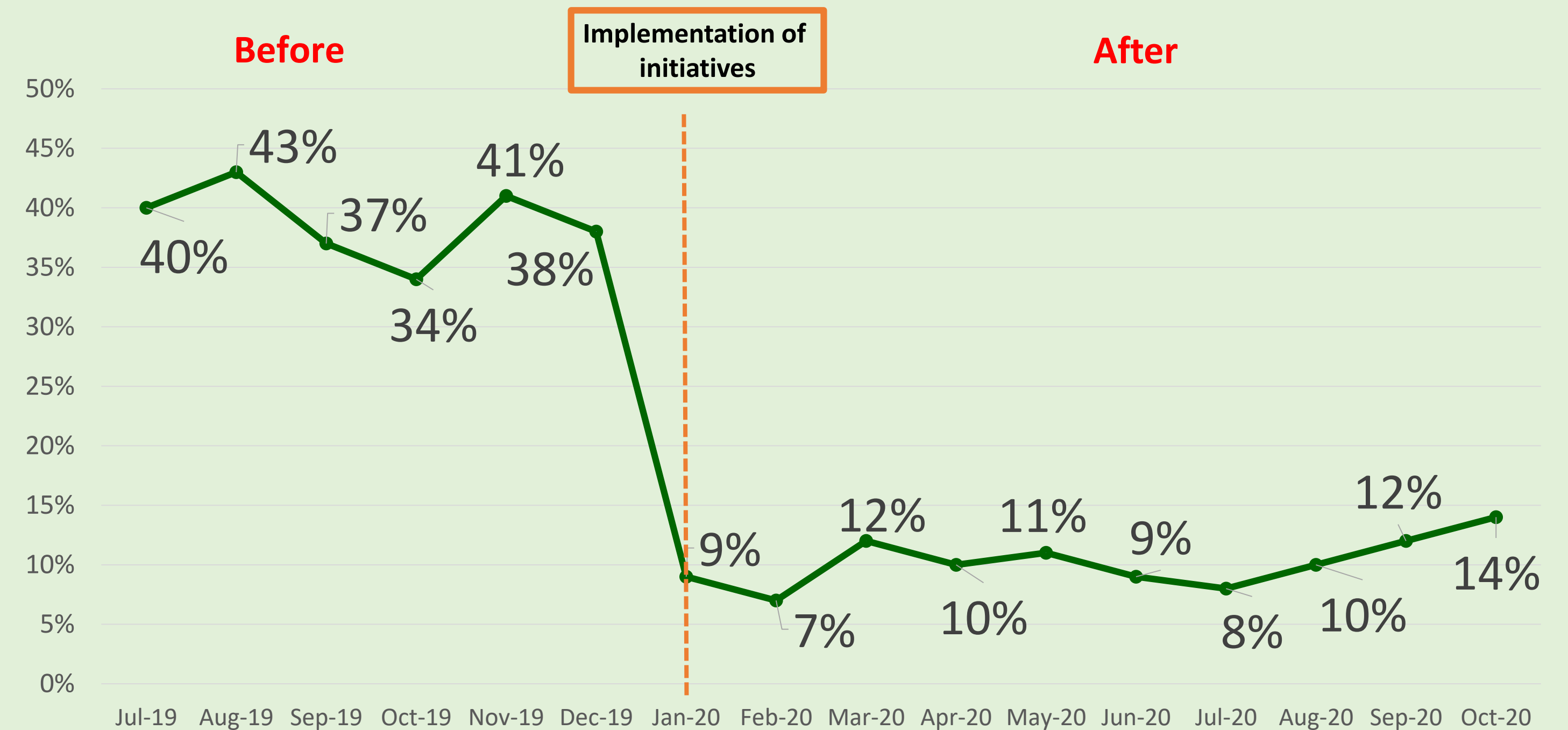
3) Lack of standardized & updated training resources

- Utilize standardized education materials with video links.
- Organize patient training kit for return demonstration.



Results

Percentage of patients received SC GCSF injections in Ambulatory Cancer Centre



Special note:

1. During Covid-19 period, there were no changes to SC GCSF injection practice/processes.
2. The total number of patients who require SC GCSF injection per month remained about the same before and during Covid-19.

Organization benefits

- ✓ An average of 65% reduction in patients receiving injection at Cancer Centre.
- ✓ Freed up treatment slots, improved patient experience.

Patient benefits

- ✓ Reduced hospital visits, waiting time for injections and time saved from travelling to the hospital.
- ✓ Patients feel empowered to perform self care at home.
- ✓ Convenient to have injection performed at home or nearer to home (nearest GP clinic).

Conclusion

- Right-siting is safe, convenient and improves utilization of resources.
- Patients also feel empowered and require less trips to hospital.
- Cancer Centre to extend these initiatives to other SC non-cytotoxic drugs.