Project Title

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

Project Lead and Members

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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

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Singapore Healthcare Management 2021

National University Cancer Institute Singapore

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

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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

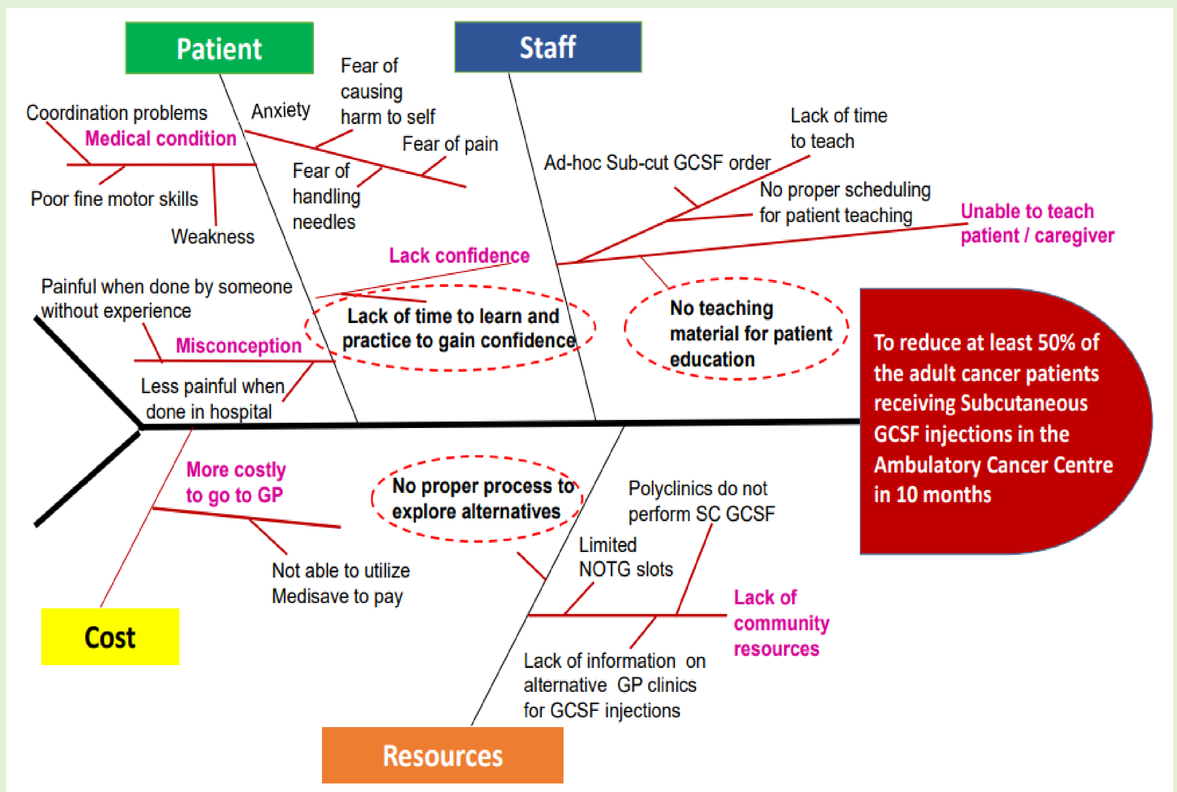
- [N=1001] cancer patients received SC GCSF injections at the Ambulatory Cancer Centre from January 2019 to October 2019.
- It led to long wait time, increased workload, competition for chemotherapy treatment slots and inefficiencies in resource utilization.
- To mitigate the situation, an initiative 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

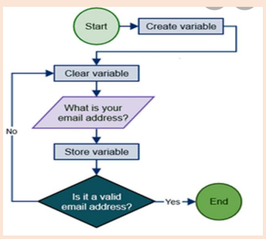
2) Lack of time for patients/ caregivers to gain confidence to administer SC injections at home

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.



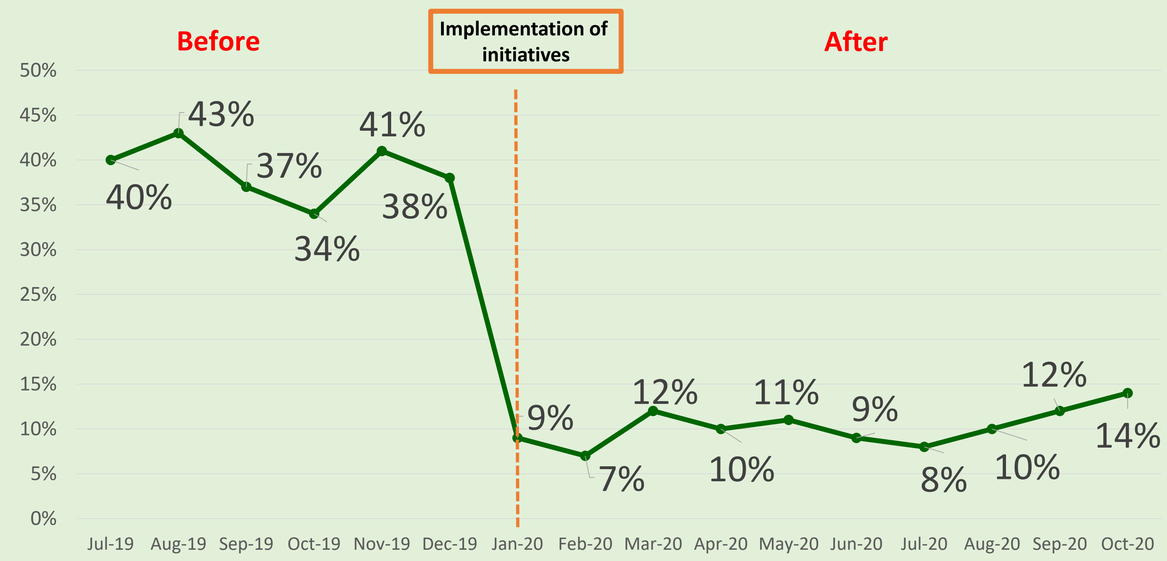
2) Lack of time for patients/ caregivers to gain confidence to administer injections

- 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



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.

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