



Service Priorities and Programmes
Electronic Presentations

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Towards excellent care: How to enhance better quality of care when handling cytotoxic drugs by carrying out a continuous quality improvement (CQI) program?

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Introduction

About 80% non-muscle invasive bladder cancer patients can proceed to surgical resection, i.e. transurethral resection of bladder tumor (TURBT), for their superficial disease. And intravesical therapy would be added into treatment to reduce tumor recurrence, decrease risk of disease progression and improve survival. Mitomycin C (MMC) is one of the most commonly used cytotoxic drug for intravesical therapy. During preparation, instillation and disposal of excreta of cytotoxic drug, health care professionals and patients may encounter health hazards like skin irritation, eye irritation, nausea, carcinogenesis. A continuous quality improvement (CQI) program was set up, to raise health care professionals' alertness and awareness in order to minimize the health hazards, to both staff and patients.

Objectives

To identify staff's problems by observing their performances To enhance staff's knowledge and skills by educational sessions To evaluate program's effectiveness by staff's feedback and audit

Methodology

The CQI program was held in the surgical department of North District Hospital between July and August, 2013. Total 100% of nursing staffs with 58 nurses had taken part in the pre-education questionnaire and the staffs on maternal leave or long sick leave were excluded. The questionnaire's questions focused on knowledge on MMC handling. The compliance rate of the questionnaire in correct answering was 83.1%. For the supporting staffs who are responsible for the spillage management and disposal of MMC. Total 100% of supporting staffs, i.e. 31 supporting staffs were audited for their skills in handling patient's urine after instillation of MMC. All the critical items were fulfilled and the overall compliance rate was 100%. After identifying staff's weaknesses, lectures, interactive video, hands-on practice followed by return demonstration about MMC handling were provided to staffs. Post-education quiz and simulation assessment were used to evaluate short-term outcome; while annual

clinical audit and incidence rate of spillage would be used to evaluate long-term outcome.

Result

Post-education quiz using the same questionnaire to evaluate the outcome of the CQI program. The compliance rate of nursing staffs raised from 83.1% to 97.2% and simulated assessment of skills in handling of MMC showed 100% compliance rate. Provided with the significant advancement in pre and post education mean score of nurses and performance by supporting staffs, the CQI program is worth to be conducted whereas continue clinical audit for quality assurance was suggested.