National Confidential Enquiry into Patient outcome and Death (2008) reviewing the care of patients who died within 30 days of receiving anti-cancer chemotherapy.

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a physicians perspective

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Areas to be covered

- **Hospital resources**
- **Hospital admissions during the last 30 days of life**
- **End of Life Care**
- **Overall Care and Management problems**
- **Map to current knowledge or training**
- *SACT prescriptions*
- *Safety of SACT*

A physicians perspective

- Improve quality of care
- Safer patient environment
- Reduce variability

NCEPOD data

- Population
- At risk population
  - Older population
  - 86% were for palliative treatment
  - 21% were severely debilitated (performance score 3 or 4)

- Commonest complications in this group of patients
  - Neutropenia, neutropenic sepsis or infection
  - Sepsis – high mortality
  - Others – largely metabolic

Trends in adverse drug reactions

ICD-10		1998-9	1999-00	2000-1	2001-2	2002-3	2003-4	2004-5	% Change 1998-2005
Y40	Systemic antibiotics	4,206	4,212	4,533	4,341	4,697	5,624	6,449	53.3
Y41	Other systemic anti-infectives/ anti-parasitics	829	816	1,017	945	1,195	1,134	1,453	75.3
Y42	Hormones (including synthetic, antagonists)	4,547	5,088	4,934	5,113	5,803	5,461	5,319	17
Y43	Primarily systemic agents	7,501	8,271	9,078	9,877	10,766	11,226	12,054	60.7

Background – there are inequalities in outcome for patients

- Patients admitted as an emergency at weekends and overnight have poorer outcomes
  - Over 200000 deaths in the UK in 2005/2006
  - Top 50 causes of death
    - Medical Emergencies
    - Oncological Emergencies
    - Surgical Emergencies
    - Includes death from sepsis but not specifically neutropenia

- Reasons ?
    - Resources
    - Competency
    - Process

General Internal Medicine (Acute)

- Curricula
- Include;
  - the recognition, management and treatment of sepsis
  - Acute Care Common Stem 2007

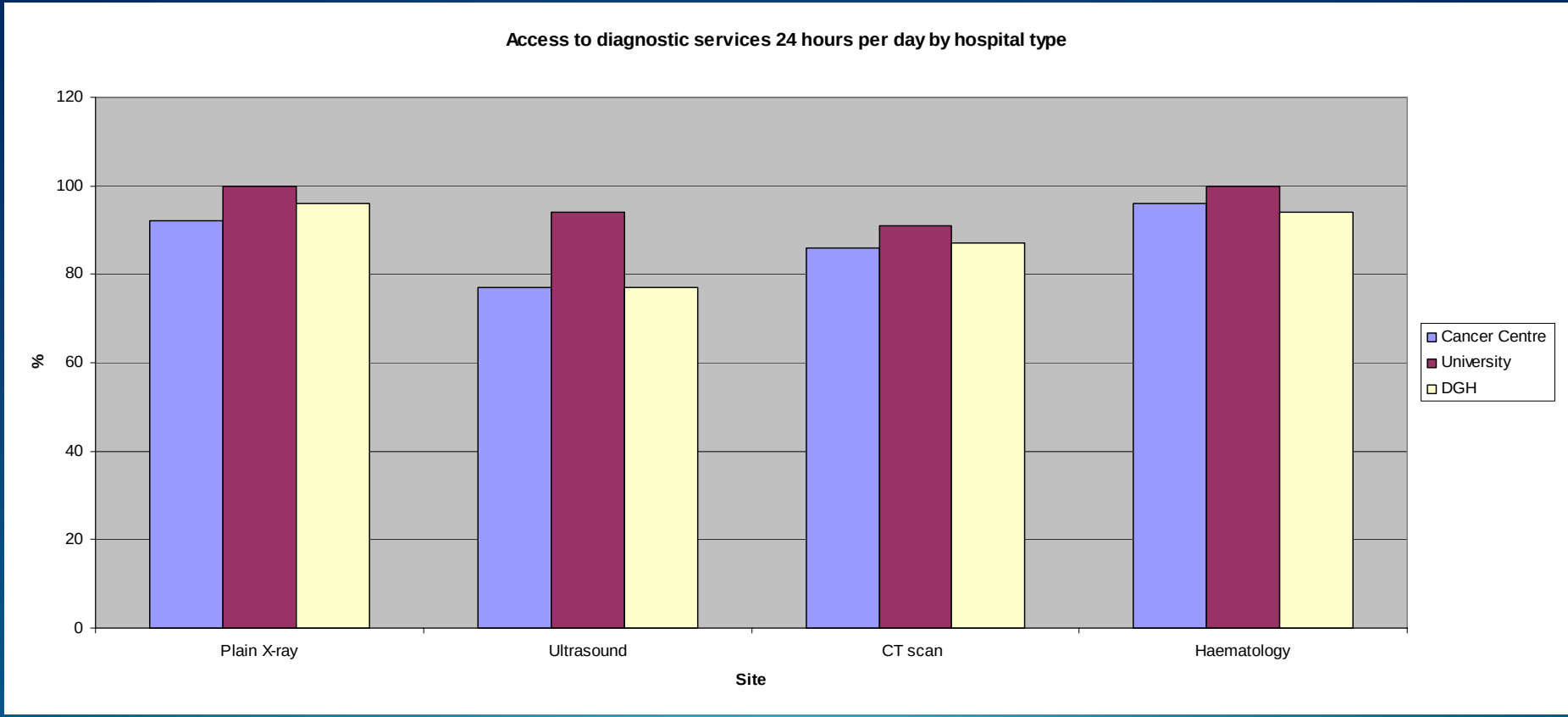
  - General Internal Medicine 2003
  - the recognition, management and treatment
    - medical oncological emergencies
    - haematological emergencies
    - infection
  - General Internal Medicine (Acute) level 1 and 2 - 2007
  - General Internal Medicine (Acute) level 1, 2 and 3 – 2007

- Surviving Sepsis Campaign

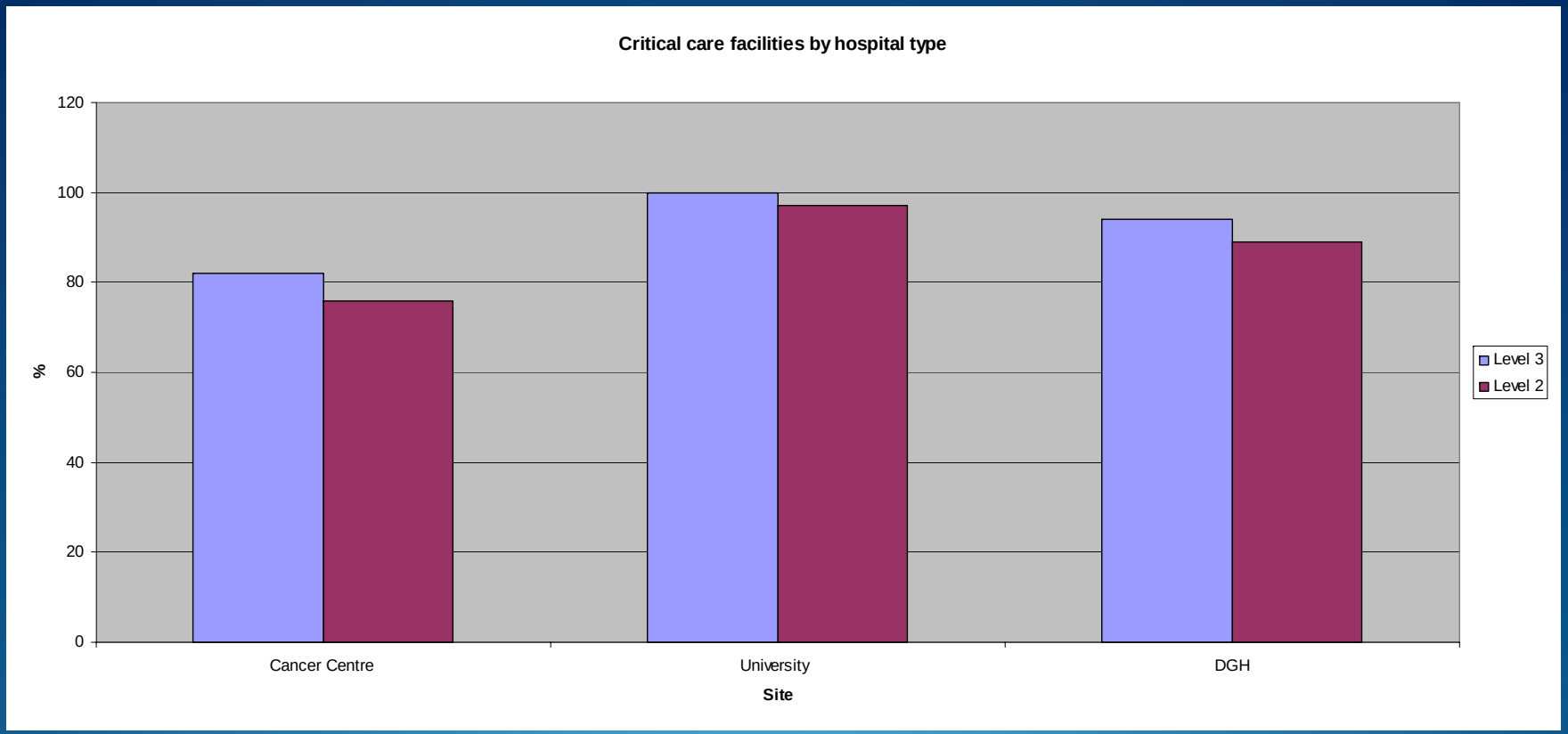
GIM curricula

- **Problem**
  - Sepsis syndrome [for neutropenic sepsis see 2.1.(ii)]
- **Knowledge**
  - Sites of origin
  - Microbial causes: antibiotic rationale
  - Definition of Toxic Shock Syndrome
- **Skills**
  - Initiate investigations to establish the diagnosis
  - Recognise and initiate immediate management of:
  - Hypotension
  - Pulmonary oedema
  - Adult respiratory distress syndrome
  - Disseminated intravascular coagulopathy (DIC)

Services and Facilities



Services and Facilities



Communication

- Need to improve communication between Oncological services and Acute/Emergency care
  - Formal arrangements
    - Medical advice
    - Patient notes
    - Clear patient pathways
      - Admissions
      - Transfers
        - » 1:4,1:5 die in a different hospital from treatment centre
      - Treatment
  - Standardisation of documentation

Acute Medicine Task Force
Royal College of Physicians London
Encompasses many similar recommendations

All AMUs should have:

- dedicated monitors with a minimum specification to allow routine full non-invasive monitoring of ECG, blood pressure, oxygen saturations and temperature
- ready access to arterial blood gas analysis with a machine preferably situated within the AMU that conforms to Good Laboratory Practice* regulations. If this is not situated within the AMU, there must be agreed response times for results
- non-invasive respiratory support.

Most AMUs should have both continuous positive airways pressure and non-invasive/non-intubated ventilation facilities unless they are adequately covered by critical care or respiratory services.

In line with current recommendations that central line insertion should be ultrasound guided, suitable equipment should be available on the AMU, or readily accessible.

Larger units and those with high dependency units require the ability to invasively monitor arterial and central venous pressure.

*Medicines and Healthcare products Regulatory Agency

Level 2 care

Isolation Facilities

Competent Decision Makers

Small Steps to Big Leaps

"The secret of getting ahead is getting started. The secret of getting started is breaking complex overwhelming tasks into small manageable tasks, and then starting on the first one."

Mark Twain

Imperial College London

in partnership with Northwest London

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Summary

- A serious issue
  - Part of a larger patient safety agenda
  - Solutions
    - Collaborative working
    - Improved communication
    - Ensuring and maintaining competencies for all
    - Optimal support services 24/7
    - Improving our processes of care
    - Recognise the importance of multi-professional care
- Colleges of Physicians and SAM have shown a commitment to improving acute care
  - Consensus Conference 13th and 14th November

References

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