

South West Chemotherapy Nurses Group Meeting 24th October 2016

Notes

Present:

Alison Snell (Chair) (Taunton), Alison Hatton (Weston), Kirsty Jenkins (Plymouth), Belinda Mills (Salisbury)

10.00 – 14.00

1.	<p>Apologies: Maria Grosvenor (Yeovil), Becki Toghil (North Bristol), Helen Winter (Swindon), Rachel Herrington (Bristol), Helen Daggar (Exeter), Sam Brenton (Torbay), Emma Thoms (North Devon), Colette Newcombe (Exeter)</p> <p>Minutes from Previous Meeting: The minutes of the previous meeting were agreed.</p>	Actions
2.	<p>Updates from ASWCS and PCN: There had been no meetings since last SWSCN group meeting 10/06/16.</p>	
3.	<p>Protocols: There has been no update regarding continuing funding for SWSCN protocol work beyond March 2017. AS to e-mail Sarah Murdoch and Jonathon Miller for update. To date no-one has received protocols in advance of publication on the SWSCN website for comment.</p> <p>Closed Systems: Weston – adding CSTDs to bags and syringes unless integrated within bag used by Pharmacy for preparation. Taunton – S/A. Pharmacist has fed back that adding CSTDs during preparation has failed QA testing therefore is not recommended. Plymouth – S/A but nil bags with integrated spikes used by pharmacy at present. Nursing staff have begun to prepare certain intravenous MABs on their Unit due to delays in Pharmacy. Developing pictorial guide and worksheet for each drug.</p>	AS
4.	<p>Education and Workbook: Initial chemotherapy competency package ratified (adopted with kind permission from Wessex Cancer Network). All areas have/will tailor to own area. Plymouth have started to</p>	

	roll out, feedback positive.	
5.	Extravasation: Awaiting further discussion with Emma Thoms (North Devon). Nil present at the meeting using currently.	
6.	Capacity and Demand Planning: Taunton – have received excellent presentations by Elekta (Mosaik prescribing system) and Bookwise but these carry a significant initial and annual cost. Investigation by Hospital Informatics is now taking place to try to put in place systems to help identify current/future capacity and demand. A process mapping exercise for the Chemotherapy Day Unit/OPD is also planned for 2017. Weston – AH reviewing scheduling guidelines at present. Plymouth and Salisbury – systems in place for scheduling within Aurea, rely on experienced schedulers. Salisbury – S/A, non-compliances are recorded where time to treat request from the Clinician is exceeded.	
7.	Incidents: Taunton – a number of incidents and near misses where height +/- weight have been incorrectly inputted into the e-prescribing system. This has resulted in incorrect calculation of BSA and 2 occasions where patients have received too small a dose of chemotherapy at cycle 1. It was agreed that it would be useful to complete a network wide audit to investigate whether changes to weight/BSA were taken into account when chemotherapy was prescribed for each cycle (see item 10). Nil incidents for discussion from other areas.	
8.	Roche: Representatives discussed treatment for HER+ve metastatic breast cancer and Obinutuzumab.	
9.	Chair SWSCN Nurses Group: AS is stepping down as Chair of the SWSCN Nurses Group. An e-mail informing group members and asking for volunteer for 2017 Chair has not received any response, no members present at the meeting today felt able to take on the position at present. Options to be sent to the group for Chair for future meetings were agreed: <ul style="list-style-type: none"> • Have a rota of staff to Chair for a year at a time in turn, group to be asked how this could be achieved if no volunteers. To consider random/alphabetically. • Have rota of staff to Chair one meeting at a time in turn. Again a system for this would need to be put in place. Collation of the annual chemotherapy workbook would also need to be allocated. • Stop SWSCN Nurses Meetings if unable to achieve either of the above. ASWCS meetings will continue. 	AS
10.	Workstreams: 1. It was agreed that it would be useful to carry out a network wide audit regarding correct inputting of	AS

	<p>height/weight, whether chemotherapy doses were amended when required due to changes in weight/BSA. It was felt that this would be a useful area to research as systems may not always be in place to detect and address changes for all patients. It was agreed that each centre could potentially look at 10 patients from 2 disease sites (Oncology and Haematology) to gain a better understanding. AS to e-mail group to see which centres would be interested in participating with ideas for audit design.</p> <p>2. There was discussion surrounding differing criteria for PICC insertion at each centre. AS to e-mail group members for further information. Potential to look at rationale for PICC insertion and agree network wide criteria.</p>	AS
11.	<p>AOB: Plymouth – have designed VTE alert card. KJ will bring to next SWSCN meeting. Salisbury – using “Stop the Clot” patient information sheets with VTE assessment and VTE prophylaxis for patients with a high score. BM will forward to AS for circulation. Salisbury – patients are all given a locally devised holistic needs assessment questionnaire with their new patient packs which they bring to their pre-assessment (first dose information talk). Taunton – asked if any centres have a current G-CSF policy as using previous ASWCS (written 2012 and due review).</p>	KJ BM
12.	<p>Date of Next Meeting: AS to e-mail Annette McHardy re: availability at SW House, Taunton during February 2017 (1/2 term to be avoided). To inform group members once set.</p>	AS