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POSTER 123

MORE BLOOD, SWEAT AND TEARS: A QUALITATIVE ANALYSIS OF WARFARIN MANAGEMENT AFTER DISCHARGE FROM HOSPITAL

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Aim: Warfarin management remains a major therapeutic challenge, especially in the immediate post-discharge period. This qualitative study aimed firstly to identify the benefits and deficiencies of existing post-discharge warfarin management processes; and secondly to investigate the barriers to, and facilitators of, the implementation of a new, best practice post-discharge warfarin service currently being developed by the project team.

Methods: Purposive, criterion-based sampling was utilised within Tasmania, New South Wales and the Australian Capital Territory to recruit patients recently discharged from hospital on warfarin and a range of healthcare providers involved in their care. The latter included general practitioners, haematologists, pharmacists and nurses, and representatives from their professional bodies. Between August and October 2008, 47 in-depth, semi-structured telephone interviews were conducted using standard discussion guides. Data were thematically analysed using a phenomenological framework.

Results: Respondents identified the existence of 'ideal' discharge procedures for patients on warfarin, but current poor compliance to these processes. Desirable features of a post-discharge service included effective communication at the continuum of care, with timely and complete transfer of discharge information, and facilitation of early community follow-up. The potential benefits of more patient-friendly warfarin education material, improved opportunities for reinforcement of warfarin education, a home-delivered service and a home medicines review were also recognised. There was general support for the proposed post-discharge service model, although concerns were raised regarding issues of remuneration and the sustainability of the service.

Conclusion: Deficiencies in the current post-discharge processes for patients on warfarin were acknowledged as placing them at risk of medication misadventure. A new post-discharge service has the potential to address many of these problems, although this analysis highlighted some potential barriers to its implementation which will be further addressed in the next phase of the project.

POSTER 124

CHEMOTHERAPY WASTAGE ASSOCIATED WITH TREATMENT DEFERRALS IN A PAEDIATRIC ONCOLOGY SETTING – IDENTIFYING COSTS AND POTENTIAL PROCESS CHANGES TO MINIMISE UNNECESSARY WASTAGE.

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Aim: To audit wastage of cytotoxic drugs associated with chemotherapy deferrals in a paediatric oncology setting and identify process changes that may assist in minimising wastage.

Method: Data on all chemotherapy deferrals and expiring prepared chemotherapy items was collected prospectively over four weeks (20/04/2009-22/05/2009). For each deferral a range of data was collected including, but not limited to, the items deferred, reason for deferral and stage of preparation. The data was analysed in order to determine the current patterns of deferrals, and the cost of associated cytotoxic wastage. With this information, potential changes to the process and procedures of chemotherapy preparation were identified in order to assist in minimising chemotherapy wastage and the associated costs.

Results: In the four week data collection period there were 33 chemotherapy treatment deferrals for a total of 24 patients. The average duration of deferral was 6.1 days, with the shortest deferral duration of 1 day and the longest deferral lasting 17 days. Three patients had their chemotherapy cancelled. Reasons identified for deferral included poor blood counts, patient illness, changes in treatment plan and patient failing to present for chemotherapy. The calculated drug cost of expired chemotherapy was $2704.72 (excluding labour and consumables), of which the majority was attributable to pentamidine (59%) and intrathecal methotrexate (25%).

Conclusion: While the majority of chemotherapy deferrals occurred on the day that patients presented for treatment, wastage of chemotherapy is still avoidable. Those items with limited stability, such as pentamidine and intrathecal drugs, are the most commonly discarded chemotherapy items and account for the majority of the chemotherapy wastage. While potential systems changes have been identified that could minimise wastage (i.e. changes in the ordering and manufacturing of short expiry chemotherapy), these will need to be explored further with a full cost/benefit analysis to determine their suitability for practice.