30 Day SACT Morbidity & Mortality Review Operational Policy

Background

The NCEPOD report "For Better, For Worse" audited deaths of 541 patients occurring within 30 days systemic anticancer therapy in 2008. This audit demonstrated good care in only 35% of cases, with room for improvement in 49% and less than adequate care in 8% of cases. In 27% of cases examined in the report, chemotherapy was felt to have caused or hastened death and 43% experienced grade 3 or 4 toxicity from their treatment. As a result of this the report made a number of key recommendations, one of which was that all deaths within 30 days of chemotherapy should be discussed in a Morbidity and Mortality (M and M) or a clinical governance meeting.

The subsequent National Chemotherapy Advisory Group Report, "Ensuring Quality and Safety of Chemotherapy Services in England" has also made a number of recommendations regarding the safe delivery of a chemotherapy service and also has highlighted the need for each chemotherapy service to develop morbidity and mortality meetings to "review practice, policies and procedures in relation to the safety and quality of chemotherapy."

In May 2016 the National Chemotherapy Board developed an operational policy and standardised template for use in 30 day M and M meetings. The approach was to build on the good practice which has been developed to date. This document outlines the process M and M meetings within the Lancashire and South Cumbria Region, encompassing University Hospital Morecombe Bay (UHMB), Blackpool Teaching Hospitals (BVH), Lancashire Teaching Hospitals (LTH) and East Lancashire Hospitals (EL). The operational policy is based on the national template with some minor amendments to reflect local practice. For example, we have opted to have ALL deaths within 30 days of SACT discussed at a formal meeting.

Format of 30 Day SACT Morbidity & Mortality Meeting

The focus of the meeting is primarily educational and to improve patient care.
Each hospital will hold regular meetings to discuss patients treated within their trust who died within 30 days of SACT. It is the locality where the treatment was prescribed and administered that takes responsibility for discussion at an M and M meeting rather then the locality where the patient died. The number of meetings per year will be dependant on the volume of SACT delivered at that site but should be a minimum of quarterly and ensure sufficient time is allocated for full discussion of all cases.

Review Date June 2019
Next review Date June 2021

Identification of patients

Patients will be identified by the 30-day M&M meeting co-coordinator. The list will be reviewed to identify patients who meet the inclusion criteria for review. The coordinator will email the relevant consultant asking them to review the M and M proforma and amend as appropriate. If the patient died in another hospital/at home the relevant notes/further information should be requested in anticipation of discussion at the 30 day SACT M&M meeting.

Criteria for Review

Inclusion Criteria

• Patients who received intravenous, oral or subcutaneous chemotherapy, monoclonal antibodies, targeted therapies or immunotherapy who died within 30 days of receiving SACT

• The 30 day period is defined as 30 days from the first day of the SACT cycle immediately prior to death. When SACT is given continuously, then the 30-day period is defined as death within 30 days of the last prescription

Exclusion Criteria

• Patients receiving hormone therapy alone
• Patients receiving bisphosphonates alone

Roles

Coordinator Responsible for

• Maintaining list of cases for discussion and outcome
• Administration of the 30 day SACT mortality meeting
• Maintaining attendance list
• Producing minutes of meetings
• In conjunction with the lead for 30 day M and M Compiling annual report for dissemination as appropriate (including attendance list)
• Ensuring completion of agreed actions

Lead for 30 day M and M Responsible for

• Chairing the M and M meeting and identifying a deputy in their absence.
• Ensuring effective progress of meeting
• Facilitating discussion about the cases
• Agreeing minutes and actions with the coordinator
• Creating an annual report for dissemination in the trust and presentation at the annual network acute Oncology audit meeting.
• if the treating consultant is unavailable at the meeting deferral or discussion of the case in their absence is at the chair's discretion taking into account the complexity of the case and information available.

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Treating Consultant Responsible for
• Ensuring accurate completion of the 30-Day SACT mortality proforma prior to the meeting
o Focused presentation of the case summary at 30-day SACT M&M meeting
• If unavailable for the meeting the treating consultant can opt to defer the case by 1 meeting or identify a colleague or junior to present the case in their absence. Best practice would be not to defer a case for more than 1 occasion.

Reviewers (responsibility for all consultant oncologists and haematologists to participate) Responsible for
• Review of the case and answers provided by the treating consultant
• Highlighting areas of good practice identify areas for improvement and raise appropriate questions for discussion by the rest of the meeting
• Completion and submission of the varian questionnaire record at the time of the meeting

Clinical Governance

The meeting should give consideration to whether there should be retrospective discussion with the Coroner's Service in cases where this didn't happen at the time and where there has been felt to be deficiencies in care. It is recognized that any learning needs to be timely to be effective. The administrator for the meeting should ensure relevant notes are available for review. An annual Oncology 30 Day SACT M&M Meeting Report will be produced documenting patterns of care for all patients dying within 30 days of systemic therapy. This report will be held by the Chair of the M and M meeting and disseminated as appropriate. Each trust should ensure the results of the SACT 30 day M and M meetings are fed into the trust clinical governance group- the actual mechanism of feedback will be dependant on local procedures. Attendance by all medical staff is encouraged and attendance at a minimum of 50% meetings per year is recommended for completion of satisfactory consultant appraisal/Specialty Trainee ARCP. It is anticipated that all consultants should keep a record of their attendance, cases presented and reviewed in their appraisal folder and a reflective portfolio of learning points from personal cases for revalidation.