

CONFERENCE ABSTRACT

Development of a Multidisciplinary Brain Tumour Patient Passport

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Introduction: The use of MDT patient passports, for enhanced communication between disciplines is a technique that has been employed to assist with optimum service delivery in certain patient cohorts.

Change Implemented: A need for the development of a brain tumour passport was identified by discussions across the neuro-oncology MDT. Representation from all disciplines within the MDT were involved in the design of the document. Each discipline contributed to the content and format of their individual section. Sections were also provided for input from community based colleagues to allow for use of the passport in acute, sub-acute and community based treatments.

Aim: To develop a multidisciplinary (MDT) brain tumour passport, to enhance the management of high grade brain tumour patients during the course of their treatment while facilitating inter-disciplinary communication.

Population: Individuals admitted to the neurosurgical department requiring brain tumour surgery and follow-up radiation or chemotherapy received the passport.

Timeline: Development took two years due to large numbers of disciplines and individuals involved.

A repeat questionnaire will be administered one year after the introduction of the passport into routine practice. Potential modifications would then be introduced to enhance usability for the patients, based on feedback.

Highlights: Service user feedback has been very positive and highlights the benefits gained from use of the passport:

“...though I’m intimidated by the illness, I found it very helpful to read the guide”

“...as part of my tumour is memory loss and having a record in a proper book as opposed to my own notebook makes things a lot easier...taking a good amount of stress and confusion out of my treatment and hospital visits”.

Sustainability

The passport was developed with funding support from a pharmaceutical company, to assist with design and printing. Future printing of the passport will require further funding from

industry partners. The hospital may also incur the printing fees based on positive user experience.

Transferability: The neuro-oncology department is now considering implementation of a similar passport for use in spinal tumour patients.

The expertise gained from this project could also allow the development of passports for use in any chronic condition throughout the organisation.

Conclusion: The passport provided a centralised location for all information, relating to their tumour management and as a result provided some relief to their burden of suffering. The passport also reduced the risk of duplication in the patient's management by allowing access to the patient's correct medical information, when required.

Discussions: 16 questionnaires were administered to patients to obtain feedback on its design and suitability. Seven were returned completed, a 44% response rate. All participants felt that the passport would be useful and would enhance their management. Minor modifications were suggested, including a notes section, which is included in the final design.

Lessons Learned: Effective interdisciplinary communication is essential to optimise patient care. A central location to maintain all communications lessens patient burden and suffering when undergoing life altering medical treatment. A brain tumour patient passport can assist to lessen this burden of suffering

Keywords: brain tumour passport; multidisciplinary
