



Introduction

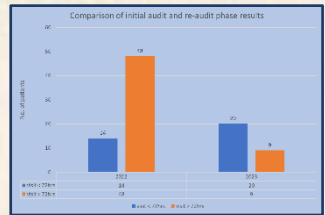
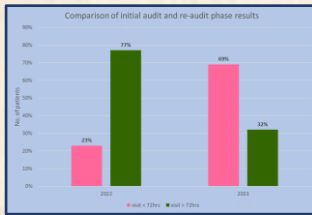
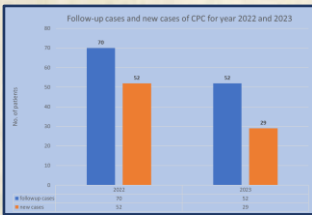
The goal of community palliative service is to provide care to those with life-limiting illnesses for prompt symptom control to reduce the distress for both patient and family. The first clinical audit on compliance with stipulated time for New Case First Visit by Community Palliative Care (CPC) at National Cancer Institute was conducted between January and December 2022. A 100% adherence for new case first visits within 72 hours of referral was set as the audit criteria. Initial audit did not achieve the set standard of 100%. After identifying appropriate remedial measures, second audit was carried out to monitor adherence which showed improvement.

Methodology

All new cases referred to CPC targeted to have first home visit within 72 hours after referral is made. Data collection from CPC new case census book was conducted for each initial audit from January to December 2022 and Excel sheet form information was used for re-audit phase from January to June 2023. Strategies for change implemented prior to re-audit phase include reinforcement to staffs and improvement of CPC data collection.

Result

The audit revealed that criteria did not meet standard. Initial audit showed only 23% of total new cases referred to CPC were able to have first home visit within 72 hours and follow-up second audit showed improved in adherence to 69%.



Discussion

Several factors contributed to the initial non-adherence, including shortage of staff, incomplete referral, patient still admitted in ward, vehicle failure, natural disaster, and refusal of patient or next of kin for CPC home visit. Remedial actions such as staff training, periodic re-audits, introduction of a new case referral form, contributed to the improvement in adherence rate. The follow-up audit indicates that compliance to the 72-hour timeframe for first home visits by CPC improved following the implementation of these measures.

Reference

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