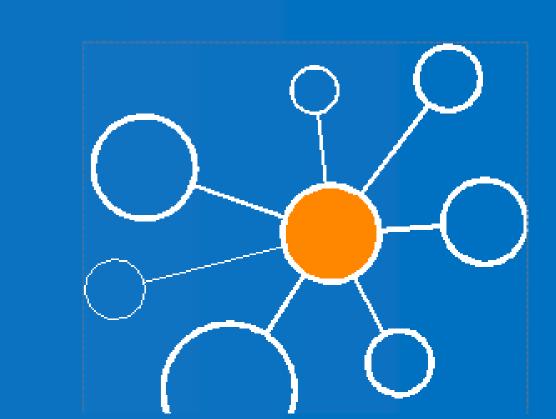
Improving Radiology Requesting and Reporting for Patients with a Melanoma Diagnosis cared for in a Dermatology Setting

Louise Pound, Lead Skin Cancer CNS



Background

Patients with a melanoma diagnosis require regular radiology imaging to help detect sub clinical metastatic disease. Since 2022 the number of radiological investigations has increased to include ultrasound scans. This has increased the number of scans offered by up to 50 %

We have a record of poor requesting and recording these investigations leading to potentially catastrophic results for patients and this project aims to streamline requesting and reporting these investigations

The QI Team

Louise Pound , lead skin cancer CNS .

Dr Chris Pawley, Consultant Radiographer.

The Skin Cancer CNS team

Skin Cancer CNS secretaries - Nicky, Charlotte and Elaine
Lisa Hesk , MDT Coordinator.

Outcome Measures

Days between scan to ordering & requesting report to MDT

Days between scan and results sent to patients

Process Measures

% of CNS undertaking NMRR training.

% of patients who have pre-scan bloods requested no. of times scan sheet is reported per week

Balancing Measure

Extra workload on radiology, CNS Team, Skin Cancer secretary team and MDT coordinator.

Key Findings

We now have a much clearer vision of Radiology needs for melanoma patients and we book an average of 50 scans per month to ensure scans are done in a timely fashion, and reported promptly with information being shared with the patient within a week of MDT discussion.

We have been able to prove that we detect subclinical disease earlier, and that this positively impacts on patient outcome.

There is a need for recognition of this task within our cancer team, however all members of the team will need to invest in this work, in order to collate findings.

We need to ensure all colleagues appreciate the importance of this work, and therefore take part in it to ensure equity of care.

Aim

For the Skin Cancer CNS team to request scans for patients with melanoma (meeting criteria of routine scans) and to discuss reported results at MDT within 28 days of request and inform patients within 14 days of scan being reported

We want to:

- improve radiology investigation requesting for dermatology/oncology patients.
- improve speed of giving patients accurate results
- review our progress through reflective audit.
- review this project within a year

Driver Diagram SECONDARY PRIMARY AIM CHANGE IDEAS DRIVERS DRIVERS All CNS to undergo Non-medical CNS Team Non-Medical radiology referrers Radiological Referrer and this to be agreed within Job Description Access to scan sheets for all For the skin cancer CNS requesters team to request scans Liaison with for patients with radiology team to melanoma (meeting customise radiology Radiology requesting criteria of routine Secretarial support request system system scans) and to discuss ref MDT requesting reported results at MDT within 28 days of Blood test to be request and inform Availability of timely and done at patients within 14 days patient blood results follow up of scan being reported appointment Ensure reporting times are achieved Set aside time to carry out task of MDT Coordination booking scan and of Ensure reports are results (currently ready. If not to additional task in feedback admin time)

PDSA Cycles

- 1. booking scans for patients with melanoma in a timely fashion, and reporting to patients within 14 days of scan being reported
- 2. review at 1 year with reflective information
- 3. radiology request form improved speed and accuracy of scans being requested
- 4. anomalies being acted on in a timely fashion and with appropriate team

Next Steps

We plan on training up another member of the team to ensure work is shared, and that this should be used as an example of Service Improvement which could be used throughout the Trust.

We will share the findings of this project with our Cancer Lead Nurse to compare Radiology strategies within our Cancer Network.