

CANCER NURSING: PATIENT AND OCCUPATIONAL SAFETY

CN31 Adverse events in oncology and haemato-oncology inpatients of Swiss hospitals: A descriptive study

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Background: The occurrence rate of adverse events (AEs) in hospitalised cancer patients in Switzerland remains unknown. The Institute for Healthcare Improvement (IHI) Global Trigger Tool (GTT) is among the most used methods to identify AEs. However, the GTT lacks oncology-specific triggers. Therefore, we developed a GTT-based Swiss Oncology Trigger Tool (SOTT), which included two modified GTT modules (“Cares” and “Medication”) and a new “Oncology” module. Objective We applied the SOTT to describe the occurrence rate, nature, level of harm and preventability of AEs reported in health records of four Swiss inpatient oncology and haemato-oncology units.

Methods: We reviewed records of discharged patients over a 6-week period using the method recommended by the IHI for the GTT. To identify documented AEs, two nurse reviewers analysed records using the SOTT. Identified AEs were subsequently validated by physician reviewers, and those occurring during hospitalisation were classified regarding the incurred level of harm and their preventability.

Results: We reviewed 224 records, 150 for oncology and 74 for haemato-oncology. Ninety-four of them (42%) contained at least one AE. In total we identified 169 AEs 100 for oncology and 69 haemato-oncology. Overall, we calculated a rate of 76 AEs/100 admissions and 108 AEs/1000 patients-days. “Pain related to care” was the most frequent AE reported (n = 29), followed by “Constipation” (n = 17) and “Anaemia” (n = 9). Most AEs were categorized as having caused temporary harm, either requiring an intervention (n = 98) or prolonging the hospital stay (n = 25). Two required an intervention to sustain the patient’s life. Exactly 78/125 (61%) were considered non-preventable, 28/125 (22%) preventable and 19/125 (15%) undetermined.

Conclusions: This is the first Swiss study to identify and categorise AEs in the oncology setting. The application of the SOTT showed a relatively high rate of harm related to care, but only 22% were considered as preventable. The description of AEs with the SOTT might be an opportunity to prioritize the development of novel interventions to avoid or limit the impact of AEs on cancer patients’ lives.

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