

A Doctor's Reflection on Quality Improvement

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The following poem and reflection on the EQUiP-India quality improvement program were shared by Dr. Priyanka Augustine, who participated in one of the cohorts and saw the initiative's power to improve outcomes for a colleague and friend who became a patient.

A cheerful lad he was,
A surgeon soon to be,
But life changed in unexpected ways,
When cancer, became a reality!
A minor salivary gland tumour,
Was cut out from his face,
He soon began radiation,
But didn't foresee its traumatic days.
Week one through three,
He abided by the harrowing feat,
Week four thus began;
And so did, his sufferings indeed.
Week five he didn't show
We called to find out why?
"My mouth is sore, I just can't eat,
Let me be, I'd rather just die!"

These lines penned down in reference to a traumatic experience of a friend, nonetheless, triggered our zeal to rid the sheer burden of mucositis related pain that inevitably plagued our head and neck cancer patients undergoing curative intent radiation therapy.

Ever since we embarked on our Quality Improvement Project, 'Mucositis Related Pain (MRP) no more a bane', we began seeing significant reduction in the percentage of patients suffering from moderate to severe mucositis related pain. But what has been more fulfilling, was to see the improved compliance to treatment with no interruptions. 198 patients benefitted from the interventions that were tactfully laid out encompassing the problems analysed using various A3

tools and many more continue to benefit from the same. A few of the important interventions included developing a policy for pain assessment and management in co-ordination with Palliative Medicine department by means of which, a guideline for pain management was developed along with a trigger tool for prompt referral to Palliative Medicine services. Another intervention which had a significant impact on controlling rates of moderate to severe pain was the involvement of radiographers and nurses stationed at the radiotherapy treatment area for daily pain score assessment. Upon identification of moderate to severe pain, the resident trainees or faculty in charge were immediately alerted and therefore, the distressing symptoms of the patients were readily addressed.

Smart goals and run charts were proof of our success but the feedback from patients stood witness to the translation of the graphical peaks and troughs into improvement in the quality of care provided. Accustomed as we were to hearing our patients say, "I am frightened! I don't want to go through pain!" the culmination of our QI journey echoed words of gratitude from patients and family members alike. That, without doubt, emphasized for us, the real purpose of clinical medicine!