



- National referral Hospital, research centre and university teaching hospital
- 1,500 bed capacity
- 2000 outpatients per day

ASCO Quality

ASCO Quality Training Program

Aim Statement

- Attending all hematoncology patient
- Located in Dar Es Salaam city with 6 mil. population



ASCO ===

Name	Role	Organization	
Peter Muhoka, MD	Team Lead	Head, Oncology Unit	
Stella Rwezaula, MD	Team Lead	Head, Hematology Unit	
Ramdhani Abdul, RN	Member	Oncology Nurse	
Agness Shayo, MD	Member	Physician	





		asure e data	
		Muhimbili National Hospital Number of pts who dropped from Multiple Myeloma Treatment (Sub-2000 - Jun 2021	LEARNING:
	35		The data is consistent
	30	79	along the average
	25		which led us to suspect
	20		there may be a
onny			common root cause to
8	25		the problem.
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ASCO





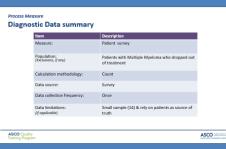


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ASCO Quality

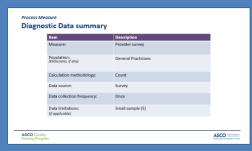
Conclusion



ASCO

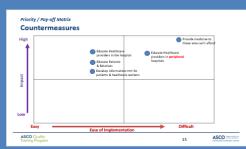


ASCO Quality Training Program



To reduce the number of patients at Muhimbili National Hospital who do not complete their Multiple Myeloma maintenance therapy from an average of 29/ per month to 16





1. Due to improved diagnostic instruments and an increase in clinical personnel, the number of patients diagnosed

However, a significant number of patients diagnosed with multiple myeloma experience poor clinical outcomes

The main factor contributing to the poor treatment outcome among these patients was patient drop out from the

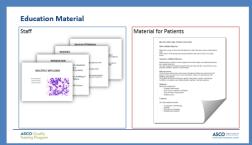
3. Our focus was to improve the knowledge of the disease and its presenting issues, treatment and outcome among

. Clinical providers must have a common understanding of how to operate and they need to share knowledge Patient and their relatives must possess enough knowledge on their condition to remain in treatment therapy

This will increase patient compliance on their treatment plan and reduce the number of treatment drop out, resulting in improved clinical outcomes for patients diagnosed with multiple myeloma.

. We recognize that successful patient treatment requires teamwork among health care givers

Dute	PDSA Description	Lead	Status
29-Dist	Schedule healthcare provider training sessions	Dt Peter	DONE
29-0xt	Organize/ so helide a resetting with Administration to discuss providing medicine to those patients who can't afford their medicine.	Di Stella	DONE
3-New	Develop a training presentation to give to healthcare providers	Dt Peter	DONE
1-Nov	Develop brochare / information material for healthcare providers to give to their patients & relatives (during clinical appointments)	Romadhani	DONE
⊒ 3-New ⊒10-New ⊒ 6-Oec	 Conduct three (ii) hospital training sensions, to educate healthcare provides on the MM protocols for treating patients. Curring the senters: Special to the seathcare providers about educating their patients. Provide healthcare providers brockness / information to give to their patients. 	Team	DONE
5-Nov	Meet with administration to discuss providing medicine to patients who can't afford their medication	Team	DONE
24-Nov	All providers will start educating patients & relatives (during their appointments)	Providens	IN PROGRESS
December	Educate Healthcure providers in peripheral hospitals	Team	IN PROGRES











Multiple Myeloma maintenance therapy improvement project

Dr Stella Rwezaula, MD, Clinical Hematologist Head, Hematology Unit Muhimbili National Hospital (MNH)

December 10, 2021

Revision date: 12/8/2021

Institutional Overview- MNH

- National referral Hospital, research centre and university teaching hospital
- 1,500 bed capacity
- 2000 outpatients per day
- Attending all hematoncology patient
- Located in Dar Es Salaam city with 6 mil. population





Team members

Name	Role	Organization
Peter Muhoka, MD	Team Lead	Head, Oncology Unit
Stella Rwezaula, MD	Team Lead	Head, Hematology Unit
Ramdhani Abdul, RN	Member	Oncology Nurse
Agness Shayo, MD	Member	Physician



Problem Statement

Between June 2020 – June 2021, an average of 29 patients/per month stopped their MM treatment; which led to relapse within 1-year (post 1st induction) requiring a second induction and a 50% MM mortality our hospital.





Outcome Measure

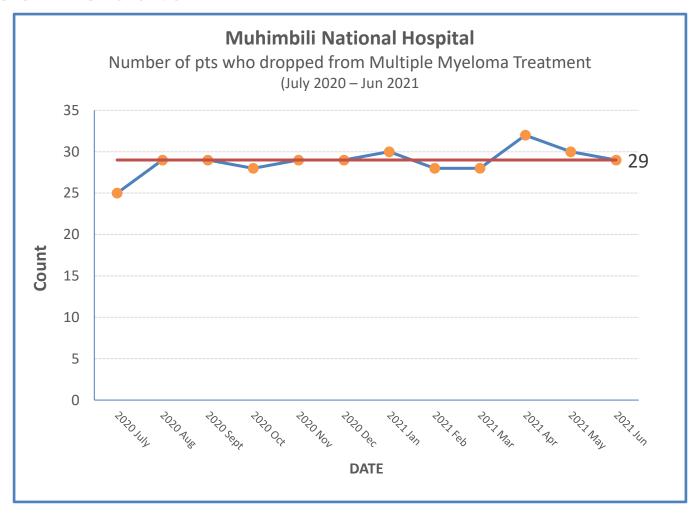
Baseline data summary

Item	Description
Measure:	Incomplete Multiple Myeloma treatment
Patient population: (Exclusions, if any)	All patients diagnosed with Multiple Myeloma at Muhimbili National Hospital who started maintenance treatment.
Calculation methodology: (This is a count not a percentage)	Patients who do not complete their Multiple Myeloma Treatment
Data source:	Hospital filesJIVA electronic system
Data collection frequency:	- Monthly
Data limitations: (if applicable)	Poor file documentationLack patient's registry



Outcome Measure

Baseline data



LEARNING:

The data is consistent along the average... which led us to suspect there may be a common root cause to the problem.



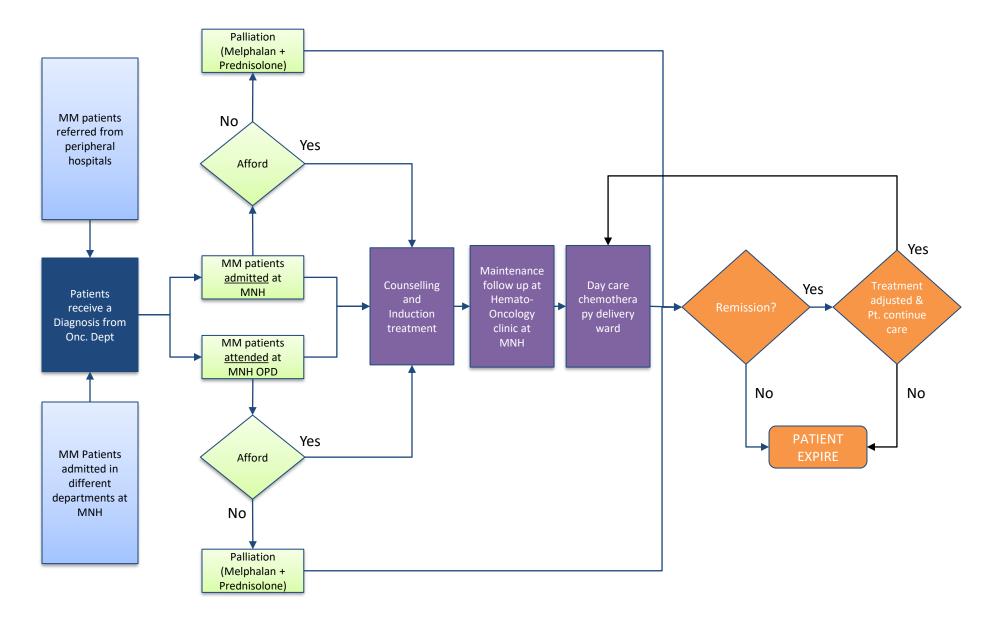
Aim Statement

To reduce the number of patients at Muhimbili National Hospital who do not complete their Multiple Myeloma maintenance therapy from an average of <u>29/ per month</u> to <u>16</u> <u>per/ month</u> (50% reduction), by December 2021.

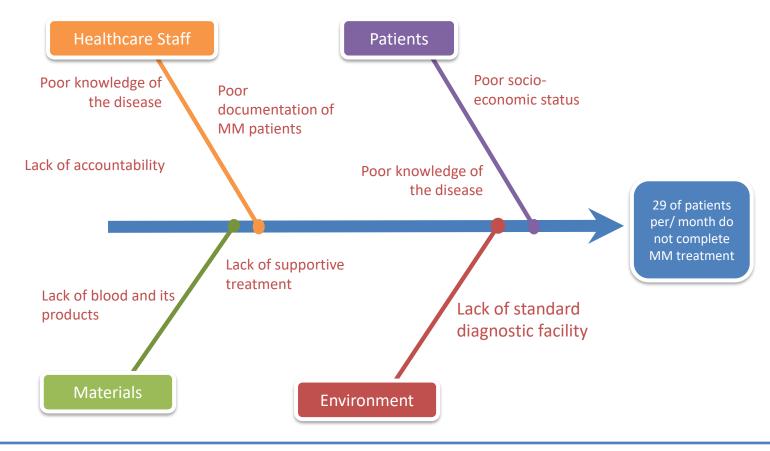




Process Map



Cause & Effect



A lack of knowledge regarding the disease, particularly during its remission, by both patients and healthcare staff

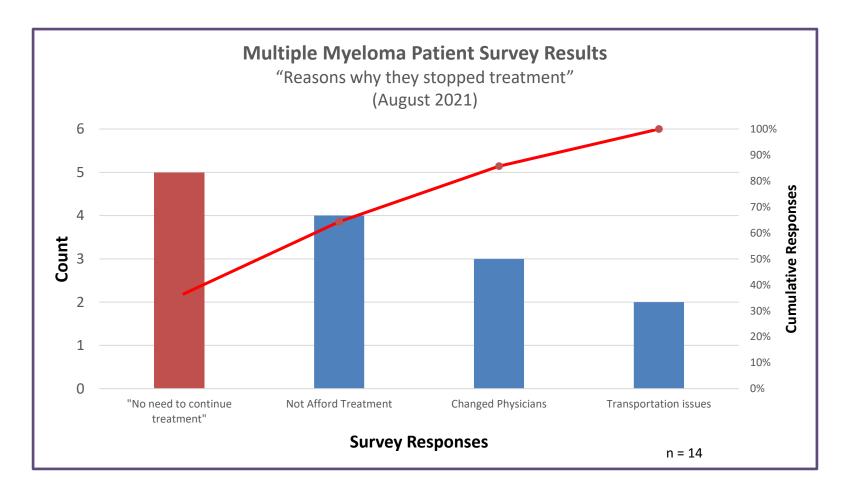


Diagnostic Data summary

Item	Description
Measure:	Patient survey
Population: (Exclusions, if any)	Patients with Multiple Myeloma who dropped out of treatment
Calculation methodology:	Count
Data source:	Survey
Data collection frequency:	Once
Data limitations: (if applicable)	Small sample (14) & rely on patients as source of truth



Diagnostic Data



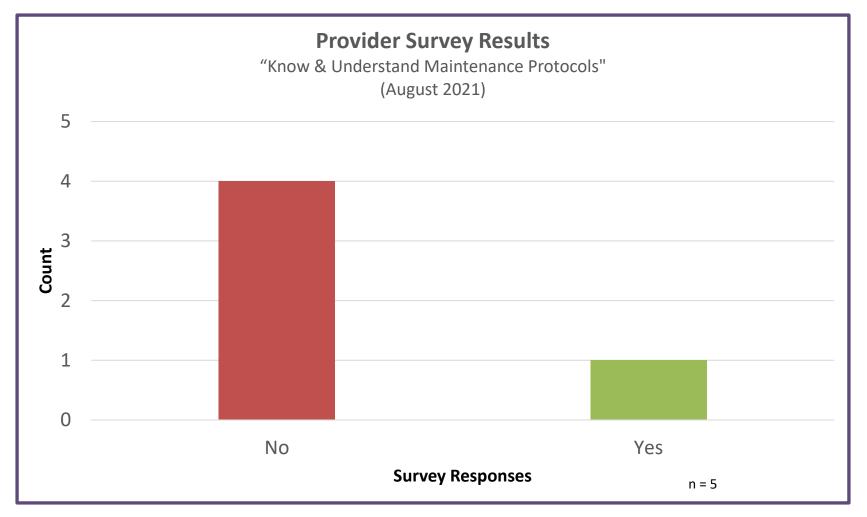


Diagnostic Data summary

Item	Description
Measure:	Provider survey
Population: (Exclusions, if any)	General Practicians
Calculation methodology:	Count
Data source:	Survey
Data collection frequency:	Once
Data limitations: (if applicable)	Small sample (5)



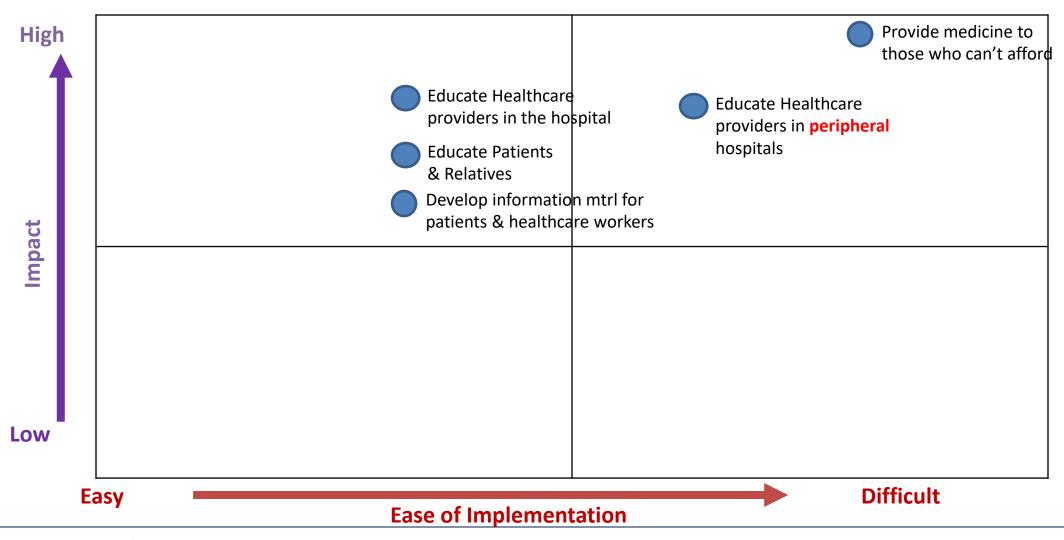
Diagnostic Data





Priority / Pay-off Matrix

Countermeasures







Test of Change

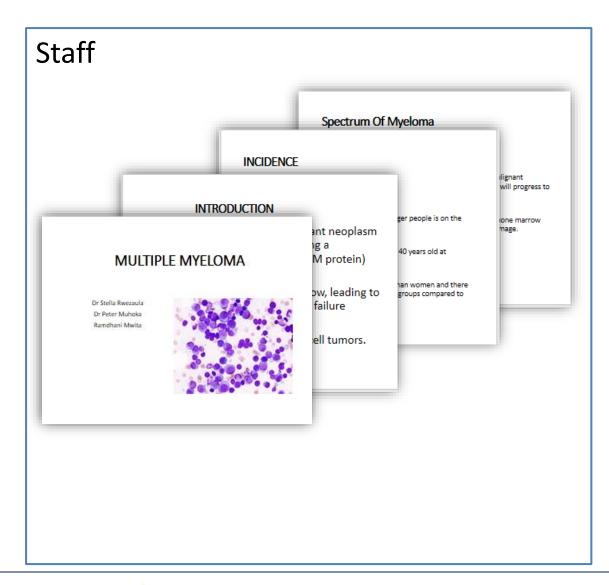
PDSA Plan

Date	PDSA Description	Lead	Status
29-Oct	Schedule healthcare provider training sessions	Dr. Peter	DONE
29-Oct	Organize/ schedule a meeting with Administration to discuss providing medicine to those patients who can't afford their medication	Dr. Stella	DONE
3-Nov	Develop a training presentation to give to healthcare providers	Dr. Peter	DONE
3- Nov	Develop brochure / information material for healthcare providers to give to their patients & relatives (during clinical appointments)	Ramadhani	DONE
☑ 3-Nov ☑10-Nov ☑ 6-Dec	 Conduct three (3) hospital training sessions, to educate healthcare providers on the MM protocols for treating patients. During the sessions: Speak to the healthcare providers about educating their patients Provide healthcare providers brochures / Information to give to their patients 	Team	DONE
5-Nov	Meet with administration to discuss providing medicine to patients who can't afford their medication	Team	DONE
24-Nov	All providers will start educating patients & relatives (during their appointments)	Providers	IN PROGRESS
December	Educate Healthcare providers in peripheral hospitals	Team	IN PROGRESS





Education Material



Material for Patients

MULTIPLE MYELOMA: PATIENT EDUCATION

What is Multiple Myeloma

Myeloma is a type of cancer that develops from cells in the bone marrow called plasma cells.

Sone marrow is the spongy tissue found inside the inner part of some of our large bones.

Symptoms of Multiple Myeloma

Myeloma does not always cause symptoms in its early stages, and might be picked up on a routine blood test

The main symptoms include bone pain in the back, hips and ribs, recurrent fever, gum bleeding, tiredness, dizziness and headache.

Risk and causes

We don't know what causes most cases of myeloma but there are some known risk factors. Even if you have one or more risk factors, it does not mean that you will definitely get myeloma.

Associated risk factors include age, obesity, family history, gender, autoimmune conditions, occupations eg: mining industries, painting, benzene exposure.

Diagnosis

Blood and imaging tests

- Periphery blood smear
- Bone marrow Aspiration and Biopsy
- Urine for Bence Jones protein
- Skeletal survey

Treatment

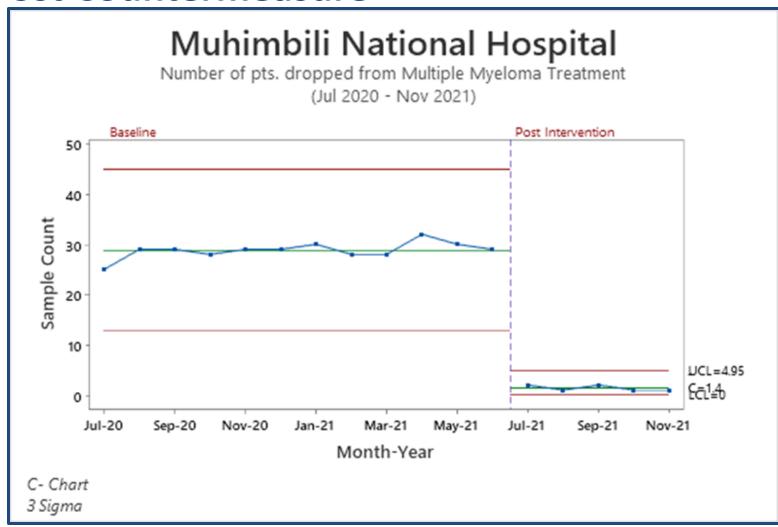
The main treatment includes

- Combination chemotherapy
- Steroids
- Bone marrow transplant
- Radiotherapy treatment





Post Countermeasure



Summary

Decline in number of pts dropping from treatment due to a combination of:

- 1. Provider Education
- 2. Patient Education
- **3.** <u>New</u> Bone marrow transplant program





Next steps

Sustainability Plan

Item	Owner
Continue with regular Physician education	Team and the hospital management
 Expand patient education to include all clinics to Provide all pts with information Better aware of the impact of stopping their treatment 	Team and hospital management
Provide proper medications to patients for the treatment of MM	Hospital management
Continue the Bone Marrow transplant program	Hospital





Conclusion

- 1. Due to improved diagnostic instruments and an increase in clinical personnel, the number of patients diagnosed with multiple myeloma is increasing
- 2. However, a significant number of patients diagnosed with multiple myeloma experience poor clinical outcomes
 - The main factor contributing to the poor treatment outcome among these patients was patient drop out from the treatment
- 3. Our focus was to improve the knowledge of the disease and its presenting issues, treatment and outcome among the health care workers
 - We recognize that successful patient treatment requires teamwork among health care givers
 - Clinical providers must have a common understanding of how to operate and they need to share knowledge
 - Patient and their relatives must possess enough knowledge on their condition to remain in treatment therapy
- 4. This will increase patient compliance on their treatment plan and reduce the number of treatment drop out, resulting in improved clinical outcomes for patients diagnosed with multiple myeloma.



Thank you

