A panoramic snapshot review of the pilot cancer case manager program on nasopharyngeal cancer and head and neck cancer patients
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Introduction
Radiotherapy (RT), as mainstay treatment for nasopharyngeal cancer (NPC) and other head & neck (H&N) cancers, could induce many distressing acute toxicities. A pilot cancer case manager program with an integrated multi-disciplinary team approach was implemented in early 2013 to enhance the care for the patients.

Objectives
To have a preliminary all-directional review of the captioned service that involved both the patients and teammates.

Methodology
All new targeted patients were recruited to the case manager before starting RT till 90 days after its completion. Nursing assessment and consultations were conducted according to pre-set protocol. Post-treatment survey was conducted to capture the clinical outcomes. Patients' satisfaction and teammates' perception to the service were assessed by two separate questionnaires that were self-constructed according to the team's consensus.

Result
There were 209 patients recruited in 2013-2014, with 2806 nursing consultations provided. Before 2013, the unplanned hospitalization rate within 90 days after RT treatment in NPC and H&N cancer patients was 18.4% and 27.1% respectively. The rate decreased to 14.8% and 25.0% respectively since the program started. Mean
patient satisfaction score on our professional knowledge and skill, patient empowerment, and bio-psychological support was 3.8 (maximum 4.0). 53% of patients responded in written comments, in which 57% expressed enhancement in psychological support, 45% in helpfulness, 43% in professional care and 25% in self-care. 43 staffs (93.5%) including doctors, nurses, radiation therapists, dietitians and social workers, responded in the evaluation questionnaire. The mean overall satisfaction score was 2.3 (maximum 3.0). For non-nursing staff, the most appreciated areas reported were timely response, cross-disciplinary co-ordination and appropriate referral whereas, for nursing staff, were the role of liaison person and care improvement. Conclusions: This pilot program was much welcomed by both the targeted cancer patients and our multi-disciplinary teammates, although the unplanned hospitalization rate is not significantly improved. Nursing and non-nursing staffs delineated a different satisfaction profile on the case manager’s performance, which might reflect their different expectations and needs.