Effectiveness of Cancer PRC Service Model in Disease Management: Clinical audit result of Psycho-social & New Orientation Program Model for Cancer Patient

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Introduction
The Psychosocial Support Service of Cancer Patient Resource Center (Cancer PRC) was established since 1994 at the Pamela Youde Nethersole Eastern Hospital. It is an effective joint program throughout Hong Kong East Cluster with clinical teams which focuses on early engagement, multi-disciplinary approach & community interfacing. All along there are different models of intervention or program series after 20 years of implementation for patient empowerment (discharge support). In 2014, a clinical audit was performed to evaluate how these models could successfully navigate cancer patients to the community seamlessly for better disease management along the patient journey.

Objectives
To examine the existing psychosocial care framework that be used to direct improvements in the quality of comprehensive cancer care for patients and their families in Cancer PRC. □ To evaluate how PRC service would improve on the disease management

Methodology
A clinical audit was performed by the Patient Focus Team of the HKEC Cluster Clinical Audit Committee during the period 1 May – 31 October 2014. A questionnaire was designed to collect data from patients suffering from Ca Breast, Colon & Prostate.
Patients were referred by Oncology and Surgical department to Cancer PRC for psychosocial education program when newly diagnosed. There were 3 models of standard protocol of psychosocial education program including: (1) Early intervention before treatment, follow by a series of clinical talks and community interfacing resources; (2) Intervention after the operation and follow by a clinical talk and community resources. (3) Intervention after the operation and follow by a series of clinical talk and community resources. Distress thermometer, EQ-5D and VAS for QALY were utilized in our audit.

**Result**

During the period, 182 patients were referred to the Cancer PRC and there were 10 patients dropped out (5.49%). 172 questionnaires were received (54% Breast, 34% Prostate & 12% Colon) and over 85% of the patients were satisfied with the psychosocial education program and cancer patients felt that their skills and knowledge for the disease management were enhanced during the treatment period. The patients’ pre & post stress level had statistically significant improvement and the patients’ confidence in disease management increased. The first model (1) had the highest satisfaction rate and very positive feedbacks were received. Conclusion Our findings have key implications on PRC models and how different models can provide patient empowerment and community rehabilitation for cancer patients. It is recommended that early engagement, cross department and community interfacing element is important in the patients’ journey for better enhance of self disease management. There will be continuing longitudinal follow-up of cancer patients’ Quality of Life to investigate the long term effectiveness.