Quantitative and qualitative assessment of a case management program for locally advanced rectal cancer patients
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Introduction
Case management of locally advanced rectal cancer is complicated. Series of radiological imaging arrangement, neoadjuvant chemo-radiation, adjuvant chemotherapy and frequent medical outpatient follow-up increases the workload in medical service. In New Territories East Cluster (NTEC), there are average 50 rectal cancer cases receiving neoadjuvant therapies every year. Service demand shows with increasing trend. A colorectal nurse became the case manager (CCM) in management of care pathway in colorectal cancer since 2014 in NTEC. A standardize treatment protocol for locally advanced rectal cancer was developed in the cluster by surgeons, oncologists, radiologist and case manager. Patients who received neoadjuvant chemo-radiation before surgery would be scheduled to have regular follow-up in nurse clinic for progress review. By working with patients from newly diagnosis and beyond, CCM takes a collaborative approach to positively impact patient outcomes.

Objectives
To evaluate the service outcomes through quantitative and qualitative assessment in NTEC.

Methodology
The patient service between November 2011 and October 2017 were systematically reviewed. Quantitative assessment includes the timeliness of care between diagnosis and neoadjuvant chemo-radiation treatment in PWH and NDH, medical outpatient follow-up workload, unplanned admissions and default follow-up rate. Qualitative assessment includes a patient survey for service satisfaction.

Result
Based on the data analysis, the case manager led to a reduction of 20% in the time in days both between pathological confirmed date and imaging performed date and between diagnosis date and neoadjuvant treatment date. A significant reduction in 14 days from diagnosis to first oncology consultation in NDH cases. The medical workload on outpatient follow-up has been decreased 20%. And since the case manager provided day time on-call support service, it decreased the frequency of
unplanned admissions and there was 0% loss of patients to follow-up clinics. 95% of patients shown in the satisfaction survey that they were "completely satisfied" in the healthcare service.