



## Service Priorities and Programmes Electronic Presentations

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### **Quantitative and qualitative assessment of a case management program for locally advanced rectal cancer patients**

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#### **Keywords:**

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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 standardized 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.