



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Hedy Kwing Seung FUNG

**Post title:** Nursing Officer, Queen Elizabeth Hospital, KCC

### **Improvement of Client Centred Care through Gynae Cancer Case Manager Programme**

*Fung KSH, Mak YLL, Tsang SL, Yau CWB, Li WH*

*Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital*

#### **Keywords:**

Gynae cancer case manager

#### **Introduction**

Gynae cancer case manager (GCCM) programme was launched in November 2012 to enhance the provision of quality cancer care throughout the journey of a client from diagnosis to completion of treatment.

#### **Objectives**

The programme aims at arrangement of timely and appropriate diagnostic and treatment services, co-ordination of care during ambulatory and in-patient period, participation in multidisciplinary activities and helping clients and their relatives face and cope with complicated and difficult situations.

#### **Methodology**

The programme provides services for 3 most commonly seen gynaecological cancer cases, namely, Ca cervix, Ca corpus and Ca ovary. They accounted for 78.36% and 88.61% of all gynae cancer cases in QEH in 2009 and 2010 respectively. New cases are identified by GCCM through referrals or screening of laboratory results and early ambulatory follow up is arranged. Psychological support is offered to clients and their families when bad news is broken as they often experience a mixture of negative feelings such as shock, disbelief and helplessness. They are then attended during admission for pre- and post-operative care and education. To promote early discharge, GCCM clinic attendances are arranged for wound assessment and removal of stitches or staples, explanation of final pathology reports as well as co-ordination of further treatment if required. Continuous care and counseling are provided for clients undergoing adjuvant therapy including chemotherapy and radiotherapy. These clients may also face a lot of problems such as loss of work and lack of social or financial support. Prompt referrals are made to medical social worker or cancer resources centre. The clients are also met on different occasions by GCCM such as combined clinic meetings or ambulatory follow up. Thus, continuity of care is maintained even after discharge and the ongoing needs of a client are assessed and fulfilled.

#### **Result**

Till December 2013, 167 new cases were recruited including 43 cases of Ca cervix, 68 cases of Ca corpus and 56 cases of Ca ovary. A total of 713 GCCM consultations provided either face-to-face or phone consultation. Quality of life survey was carried

out after clients completed treatment. FACT scale covering physical, social, emotional and functional aspects together with symptom indices was adopted. 64 samples were collected. Preliminary results revealed a good quality. The average score for Ca cervix was 162.19 (range 142.66-168, reference score 0-168), Ca corpus was 163.15 (range 130.5-172, reference score 0-172) and Ca ovary was 142.27 (range 127-152, reference score 0-152). Besides, the waiting time for first consultation in oncology assessment clinic for newly confirmed or highly suspicious gynae cancer cases was shortened after the implementation of GCCM programme. The mean pre-GCCM programme was 10.86 days with a median at 6 while the post-GCCM programme was 7.3 days with a median at 4. The GCCM programme is a new CQI project in our department. Though the feedback is encouraging, there is still room for improvement. Examples are collaboration with dietitian for talks tailor made for gynae cancer cases and sharing of knowledge and experience with colleagues so as to promote team work.