



Service Priorities and Programmes Electronic Presentations

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Streamlined Care Model: Cancer Case Manager Program (Colorectal)

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Introduction

Cancer Case Manager Program (CCMP) is a method for optimizing cancer patient care in treatment journey. To be in line with Hospital Authority Head Office (HAHO) direction, Kowloon Central Cluster (KCC) has joined and launched CCMP (Colorectal) in Nov 2011.

Objectives

Streamline patient care pathway and logistical issue in collaborative team approach. Identify potential service gap. Act as contact point and resource referral source to patient. Accompany patient throughout the treatment journey.

Capture, record, analyze and report data for enhancing clinical information sharing in CMS and cancer patient-centered care service model.

Methodology

A nurse is being appointed as a Cancer Case Manager (CCM) (Colorectal) who acts as a facilitator to streamline colorectal cancer patients' care pathways in coordination with multidisciplinary teams (MDTs). With protocol-driven, CCM provided patient-centered care through participation in various patient care activities and involved at each point of treatment journey. The major roles of CCM are to streamline care pathway and logistical related issues; coordinate across specialties within the MDTs; address patient needs for education, provide psychological support and access to resources; act as single-point of contact between patient and clinicians; and identify potential service gaps. When a patient is diagnosed with colorectal cancer, he/she will be recruited into CCMP by CCM screening or surgeon referral. Face-to-face or phone contact nurse activities are participated throughout the treatment journey and then exited according to the program handbook. For enhancing clinical information sharing in Clinical Management System (CMS) of HA, CCM needs to input individual patient's record into a newly implemented minimal dataset which developed for CCMP and later called Cancer Note. CCM captures case details and program throughput and report to HAHO through Cluster Coordinator periodically.

Result

519 colorectal cancer patients are recruited from 1 Nov 2011 to 31 Aug 2013. Improvement of Key Performance Index (KPI) was shown from 74 days in 2011 to 56 days in 2013 of the waiting time at 90th percentile for a patient receiving first definitive treatment after first investigation for positive diagnosis with time less than 60 days. Satisfaction survey is conducted after pre-operative nurse consultation; patients found 100% satisfy with the CCMP and pre-operative nurse consultation. Conclusion: Adopting integrated and patient-centered care through multidisciplinary team approach in CCMP demonstrated an effective service model.