



Service Priorities and Programmes Electronic Presentations

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Colorectal cancer case manager Program in PMH & YCH

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Introduction

New cases of Colorectal cancer and Breast cancer had been increasing over the past decades. Colorectal cancer has taken over lung cancer to be the first cancer type in Hong Kong in 2011. HAHO Strategic plan (2009-2012) : Better manage the growing service demand. Better service quality and safer service. Nurture a skilled and high perform workforce. Central Oncology Committee launched Cancer Case Manager Program. Colorectal cancer case manager program was established in PMH and YCH since Oct 2010 and Oncology case manager service started in Oct 2014 The service model includes Multidisciplinary team Approach Case manager - single point contact person for client and multidisciplinary team Nurse clinic

Objectives

To achieve efficient service through co-ordination to reduce the risk of missing and duplicate of investigation To short waiting time at each stage of care pathway To strengthen multidisciplinary team collaboration for better and organized patient management To act as a single point contact for clients for support through the patient journey To facilitate information sharing through Integrated Clinical Information sharing for data collection/ audit/ review

Methodology

Collaborate with Multidisciplinary Team (MDT) members to develop cluster base (PMH & YCH) agreed timeline for management Recruit clients at early stage of newly diagnosed Streamline investigation and SOPC appointment. Co-ordinate MDT meeting to enhance team communication Support clients with family via nurse clinic/inpatient visit / phone service On breaking news/ understanding treatment option/ achieving treatment decision Client/family participation so to maximize treatment outcome Pre-discharge planning/community support for rehabilitations Oncology assessment / neoadjuvant, adjuvant and palliative therapy Ensuring regular follow up for

surveillance Referring palliative /symptomatic care/ hospice for advanced disease Oncology case manager kindly support patients during the course of neoadjuvant therapy for continuity of care. Submit timeline of milestone to HAHO via cancer notes entry for identification of potential gaps

Result

New cases were 422 in 2014 and 384 in 2015. Cases underwent operation or neoadjuvant therapy as the first definite treatment and met KPI (less than 60 days) was 95% in 2014 and 99 % in 2015 respectively. Cases were put for Multidisciplinary Team meeting were 93.6% in 2014 and 94% in 2015. HAHO encouraged patient satisfaction survey in 2015. 18 clients participated in initial survey in November 2015. The questionnaire with 5 points scale from Scale 1 Extremely Disagree to Scale 5 Extremely Agree was used. 9 items of part I collect feedback on case manager' s helpfulness. Scale 5 Extremely Agree were 55.6 to 94.4% while Scale 4 Agree were 5.6 to 44.4%. None rated scale 1 to 3. 12 Items of Part II collect client' s understanding on Colorectal cancer and related treatment with care. Scale 5 Extremely Agree was 55.5 to 77.8 and Scale 4 Agree was 22.2 to 44.5% while one participant rated Scale 3 Neutral (5.6%). Ongoing survey is in progress, result pending.