Service Priorities and Programmes

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Evaluating the impact of introducing colorectal nurse in management of locally advanced rectal cancer

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Introduction

Neoadjuvant chemoradiation therapy has become the standard of care for patients with clinically staged T3 or T4 or node-positive locally advanced rectal carcinoma. In New Territories East Cluster (NTEC), there are average 30 rectal cancer cases receive neoadjuvant therapies every year. Case management becomes complicated and service demand shows largely increase. Series of radiological imaging arrangement and frequent medical outpatient follow-up increases the workload in medical service. For the oncology specialty service, it is only available in Prince of Wales Hospital (PWH). Patients who are considered neoadjuvant chemoradiation in North District Hospital (NDH) need to submit referral to PWH and wait for oncologist calling back for first consultation. Delay treatment and poor coordination in patient care is identified as the service gap.

Objectives

1.To improve timeliness of care between diagnosis and neoadjuvant chemoradiation treatment in PWH and NDH
2.To reduce the medical outpatient workload
3.To have better patient outcomes

Methodology

A colorectal nurse became the case manager 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 chemoradiation before surgery would be scheduled to have regular follow-up in nurse-led clinic for progress review. The case manager provided support to patients and families, health education, radiological imaging arrangement and referred patients to anesthetist for perioperative assessment. Those eligible between November 2011 and October 2016 were reviewed. The impact of case manager interventions on patients' service outcomes both in PWH and NDH was evaluated.

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 10%. And since the case manager provided day time on-call support service, it decreased the frequency of unplanned admissions and there was no loss of patients to follow-up clinics.