IMPROVING CANCER JOURNEY

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SUB SPECIALIST IN GYN ONCOLOGY
WHERE DO WE STAND

• June 2007 to 2008 – 1650 patient safety incidents
• Actual or potential delayed diagnosis
• 508 detailed review
  • 17% resulting in death or severe harm
  • 25% delayed by a month
  • 56% delay of 1-3 months
  • 38% delay of more than 3 months
TUMOUR GROUP

- Gynaecological (17%)
- Skin (16%)
- Urological (15%)
- Breast (12%)
- Lower GI (10%)
- Lung (9%)
TYPES OF DELAYS

• Diagnostics (53%)
  • Pathology (41%)
  • Radiology (12%)
• Communication (26%)
• Cancellations (15%)
• Clinical Assessment (5%)
• Waiting Lists (< 1%)
CONSULTATION

• 50 participants
• Poor communication
  • Doctor to patient
  • Between care settings
• Poor clinical assessment and management
• Cultural issues – not feeling empowered to challenge
HIGH-RELIABILITY ORGANIZATIONS

• Failure free operation over time
• $10^{-1}$ – on or two failures for 10 occurrences
  • Individual vigilance and hard work
• $10^{-2}$ – Five or fewer failure for 100 occurrences
• $10^{-3}$ – five or fewer failures for 1000 occurrences
  • Integration of human factors and reliability science to prevent failures
Knowledge Generators

System Characteristics

- Literature monitoring and dissemination
- Professional conferences
- Active clinical research program

Clinical Knowledge

- Ability to identify gaps in care delivery
- Methodologic rigor in improvement projects
- Focus on unwarranted variation
- Engaged care team
- Support for innovation

Implementation Knowledge

- Process and outcomes measures
- PDSA cycles; small tests of change
- Standardization initiatives
- Team training

Delivery System Reliability

- Psychological safety
- Deference to expertise of front-line staff
- Systems that minimize failures, and detect and mitigate errors
- Continual monitoring; learning from signals and failures

- Efficacy studies
- Clinical effectiveness research
- Clinical guidelines
- Learning health systems

- Risk prediction models
- Technology-enabled processes
- Safety reporting systems
- Staff culture surveys
Diagnostic Pathway
- Referral
  - Appropriate
  - Inappropriate
- Diagnostic
  - Consultation
  - Ultrasound
  - Hysteroscopy
  - GA hysteroscopy if Failed/poly/plp/fibroid
- Effective
  - Consultation, Ultrasound
  - Consultation, USS and Hysteroscopy
  - Reliability of Histology
  - Reliability of USS
  - Reliability of OPH

Efficient
- Equity
- Patient Centered
- Timely
Safe
<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>36</td>
</tr>
<tr>
<td>Endometrial</td>
<td>154</td>
</tr>
<tr>
<td>Ovarian</td>
<td>37</td>
</tr>
<tr>
<td>Vaginal</td>
<td>8</td>
</tr>
<tr>
<td>Vulval</td>
<td>11</td>
</tr>
<tr>
<td>Unspecified</td>
<td>23</td>
</tr>
<tr>
<td>PMB</td>
<td>147</td>
</tr>
</tbody>
</table>

Capacity and Demand Audit: Mr. Oladokun
REFERRALS:

PMB: 110/MONTH
TOTAL: 133/MONTH
REFERRALS

- Auditable standard
- Single figure uptake
- Guidelines
- Reduce referrals!!

Referral Audit: 97% appropriate referrals
RELIABLE DELIVERY SYSTEMS

- Power forms
- MDT requests
- MDT proforma
EFFICIENCY:

- History taking
- Waiting times
- RAC leaflet
QUALITY

• Postmenopausal bleeding Audit
• Outpatient Hysteroscopy Audit
• MRI Audit
POSTMENOPAUSAL BLEEDING AUDIT:

• 100 patients
• Sonographer scan –
  • 80% hysteroscopy
• Consultant Scans –
  • 54% Hysteroscopy
• High Incidence of Polyps or Fibroids
• Failed OPH 5% (national Standard)
OUTPATIENT HYSTEROSCOPY AUDIT

- Failure rate < 5%
- Polyps/Fibroids
MRI AUDIT

- 620 MRI from April 2016 to April 2017
- 200 MRIs for Ovarian Cysts
Treatment Pathway

MDT discussion of Treatment

Appropriate discussion of Diagnosis

Minimal Invasive Surgery, Enhanced Recovery

Follow up and Support

Support, Counselling

Cancer Treatment Summaries, HNA, Moving on Days, Appropriate Follow up
TREATMENT (NOV 16 TO NOV 17)

- 112 Major Cases
- 86 Hysterectomies Laparoscopic
  - One Conversion to Laparotomy
- 37 Endometrial Cancers
- 2 Open hysterectomies
- 1 Readmission with UTI
ENHANCED RECOVERY:

- ERP Nurse
- Preop Drinks and Education
- On the day admission
- Circulation/hypothermia/fluid balance/pain relief
- Catheter, mobilization
- Post op medications
- 4 Daycase Hysterectomies
POST OP CARE:

- Nurse led Wound follow up clinic
- Nurse led results clinic
- Review post surgery
Endometrial Cancer Treatment Summary and Survivorship Care Plan

For

Patient Name: ________________________________

DOB: ____/____/____

MR Number: ________________________________

Cancer Treatment Team:
Gynecologic Oncologist: __________________ Contact Info: __________________
Radiation Oncologist: __________________________ Contact Info: __________________
Medical Oncologist: __________________________ Contact Info: __________________
Navigator / Social Worker: __________________________ Contact Info: __________________

Post-Treatment Care Team:
Primary Care Provider: __________________________ Contact Info: __________________
Cancer Surveillance Provider: __________________________ Contact Info: __________________
<table>
<thead>
<tr>
<th>Uterine Cancer Diagnosis and Treatment Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Diagnosis: <strong>/</strong>/__</td>
</tr>
<tr>
<td>Stage: ______________________________<strong><strong><strong><strong>% myometrial invasion</strong></strong></strong></strong></td>
</tr>
<tr>
<td>Histology: ____________________________ Grade__________</td>
</tr>
<tr>
<td>Surgery: [ ] no [ ] yes on <em><strong>/</strong>/</em>_ (specify, procedure(s), significant pathology):</td>
</tr>
<tr>
<td>Radiation: [ ] no [ ] yes (specify):</td>
</tr>
<tr>
<td>Teletherapy: from <em><strong>/</strong>/</em>_ to _<strong>/</strong>/__; Total dose: ________ cGy; Field: __________________</td>
</tr>
<tr>
<td>Brachytherapy: from <em><strong>/</strong>/</em>_ to _<strong>/</strong>/__; Total dose: ________ cGy; Technique: ________________</td>
</tr>
<tr>
<td>Chemotherapy: [ ] no [ ] yes (specify drugs, doses, number of cycles):</td>
</tr>
<tr>
<td>Chemotherapy start date: <em><strong>/</strong>/</em>_ completion date: <em><strong>/</strong>/</em>_</td>
</tr>
<tr>
<td>Date of Completion of Primary Therapy (i.e. surgery +/- adjuvant chemo, RT or primary chemo RT): <em><strong>/</strong>/</em>_</td>
</tr>
<tr>
<td>Hormonal Therapy: [ ] no [ ] yes (specify drugs and doses):</td>
</tr>
<tr>
<td>Hormonal Therapy Start Date: <em><strong>/</strong>/</em>_ Completion Date: <em><strong>/</strong>/</em>_</td>
</tr>
</tbody>
</table>

**Disease Status at Completion of Primary Therapy:**

[ ] Complete Clinical Response / No Evidence of Disease [ ] Other: ____________________________

**Risk of Recurrence:** [ ] Low [ ] High
Persistent Treatment-Associated Adverse Effects at Completion of Therapy:
It is important to recognize that not every woman experiences the following adverse events after treatment. You may not have any of these issues, a few or many adverse effects. Experiences are highly variable. Please discuss any adverse effects of cancer treatment with your cancer care team.

After SURGICAL THERAPY

Menopausal symptoms: Hot flashes, night sweats and vaginal dryness may occur. See your health care professionals about non-medication recommendations and medication-based treatment.

Leg swelling: Minimal to pronounced lower leg swelling can occur. Symptom control with compression hose, lymphedema massage or specialized physical therapy can be ordered.

Sexual intimacy issues: Vaginal dryness and scarring at the top of the vagina causing discomfort can occur. Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After RADIATION THERAPY

Vaginal dryness and vaginal tightening: Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After CHEMOTHERAPY

Numbness and tingling of extremities: Medications & acupuncture are treatment options.

After/during HORMONAL THERAPY

Increased appetite, resulting in weight gain: Close monitoring of diet and exercise is encouraged.

Fluid retention: Compression hose or medication can be used to decrease swelling.
### Endometrial cancer surveillance recommendations

<table>
<thead>
<tr>
<th>Variable</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of symptoms and physical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low risk (stage IA grade 1 or 2)</td>
<td>Every 6 mo</td>
<td>Yearly</td>
</tr>
<tr>
<td>Intermediate risk (stage IB-II)</td>
<td>Every 6 mo</td>
<td>Yearly*</td>
</tr>
<tr>
<td>High risk (stage III/IV, serous or clear cell)</td>
<td>Every 6 mo</td>
<td>Yearly**</td>
</tr>
<tr>
<td>Papanicolaou test/cytologic evidence</td>
<td>Not indicated</td>
<td>Not indicated</td>
</tr>
<tr>
<td>Cancer antigen 125</td>
<td>Insufficient data to support routine use</td>
<td>Insufficient data to support routine use</td>
</tr>
<tr>
<td>Radiographic imaging (chest x-ray, positron emission tomography, computed tomography, magnetic resonance imaging)</td>
<td>Insufficient data to support routine use</td>
<td>Insufficient data to support routine use</td>
</tr>
<tr>
<td>Recurrence suspected</td>
<td>Computed tomography and/or positron emission tomography scan ± cancer antigen 125</td>
<td>Computed tomography and/or positron emission tomography scan ± cancer antigen 125</td>
</tr>
</tbody>
</table>

* May be followed by a generalist or gynecologic oncologist; ** Consider alternating visits with a generalist and gynecologic oncologist.

FOLLOW UP:

- Routine Follow up
- Imaging and CA125
- Moving on Days

Patient-reported outcome measures for follow-up after gynaecological cancer treatment.
Any chance you could get
a move on...

Thank you