

# Rapid Access Clinic: Is it rapid enough?

A retrospective observational study of outcomes in women with High Suspicion of Cancer in a one-stop gynaecology clinic

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## Introduction

Prompt management of women with gynaecological cancers optimises outcomes and improves patient experience (1,3).

The New Zealand Faster Cancer Treatment (FCT) target requires 90% of High Suspicion of Cancer (HiScan) patients with confirmed cancer receive treatment within 62 days from referral and receive a First Specialist Appointment (FSA) within 14 days (2). Barriers identified in our unit were the lack of first specialist appointments and theatre time for diagnostic procedures.

We implemented the Rapid Access Clinic (RAC) to address these issues, with the aim to assess, investigate and treat women in a one-stop clinic. If indicated, there was availability to perform office diagnostic hysteroscopy, endometrial sampling, and simple operative hysteroscopy, including polyp or fibroid resection.

## Objectives

Our aim was to investigate whether the RAC model of care improves the FCT treatment target performance in our unit, by evaluating efficiency, patient safety and cost.

## Methods

Women seen in RAC from September 2016 to January 2018 were identified. Data was retrospectively collected from electronic clinical records.

Data on our FCT adjusted performance (percentage of women who met the 62 day treatment target following exclusion of patient-related factors) 6 months pre and post- RAC implementation were collected.

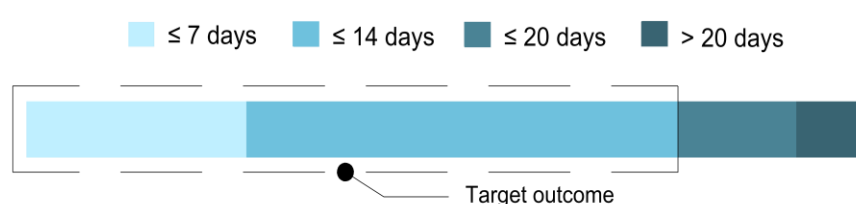
Patients were compared to the regional gynaecology oncology database to identify any missed cancer diagnoses. The cost of office hysteroscopy was compared to hysteroscopy under general anaesthesia.

## Results

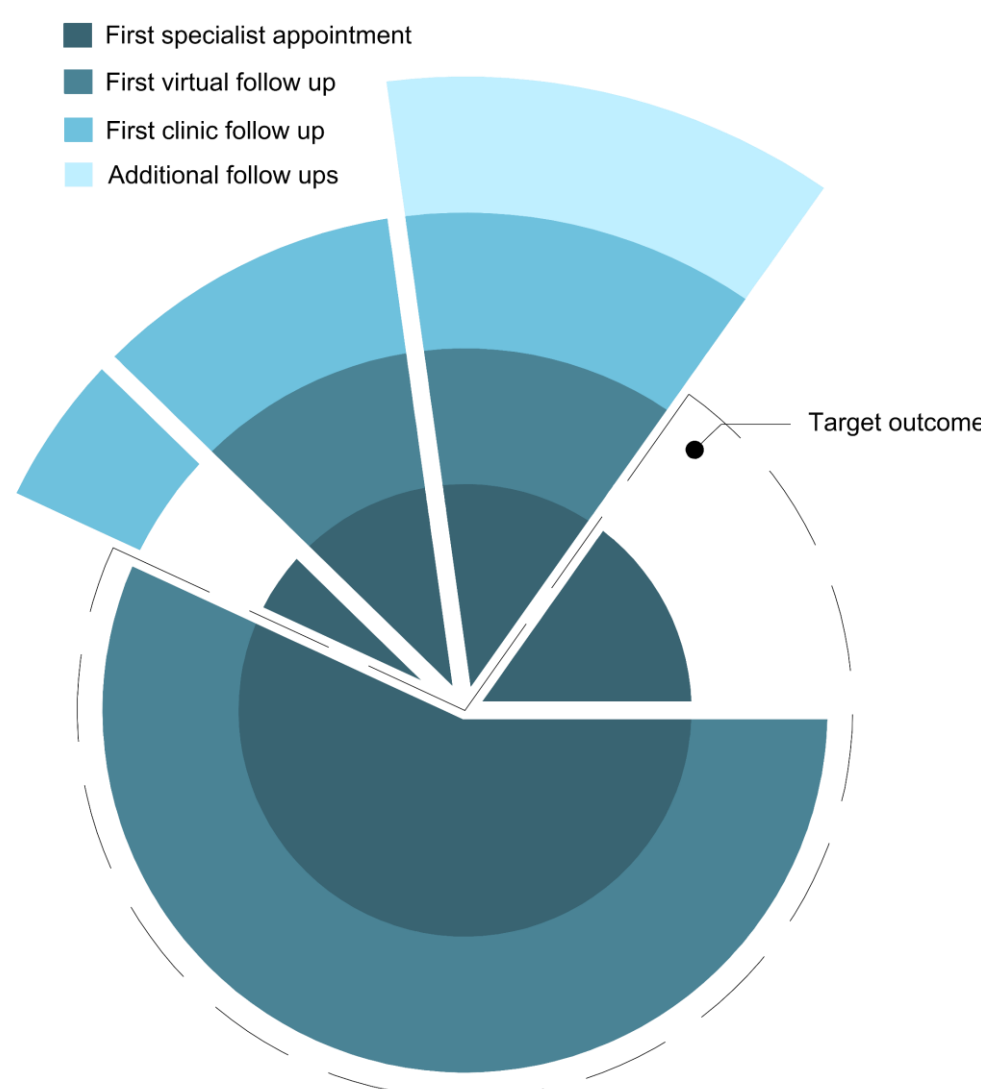
237 women were seen in RAC. The age range was 22-95 years old. The BMI range was 17-74. Referral reasons for women with HiScan are detailed below:

Referral reasons	No of patients
PMB	95 (46%)
AUB	47 (23%)
Incidental finding of increased ET	22 (27%)
Pelvic mass	24 (12%)
Cervical/vaginal mass	6 (0.03%)
Other	12 (5.8%)
Total	206

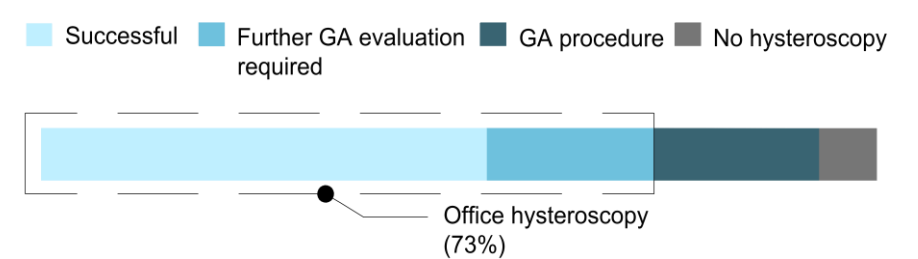
77% of women received an FSA within 14 days of referral:



72% of women were discharged after their first appointment with a maximum of one virtual follow up:



150 women referred with HiScan were identified as cases where hysteroscopy and endometrial sampling were indicated based on referral characteristics. 110 women had an office hysteroscopy. Of these, 27% required subsequent general anaesthetic:



Cost was calculated for a standard model of care (FSA, general anaesthetic, and follow up appointment) and compared to the RAC model of care (FSA, office procedure and virtual follow up). There was a cost saving of \$1015 per woman undergoing an office hysteroscopy compared to under general anaesthesia.

	Standard Care	RAC	Savings per patient
Cost	\$2850	\$1835	\$1015

The FCT adjusted performance for the 6 months pre-RAC was 74.1%, and 88.9% post-RAC. No patient was diagnosed with cancer following discharge.

## Conclusion

Rapid Access Clinic improves efficiency, is safe and saves cost. Further studies are required to evaluate procedure-related complications and patient satisfaction.

## References

1. RCOG. Management of Endometrial Hyperplasia. Green-top Guideline No 67. United Kingdom Royal College of Obstetricians and Gynaecologists; 2016.
2. MoH. Health Targets. Faster cancer treatment New Zealand Ministry of Health; 2018.
3. NICE. Ovarian cancer: recognition and initial management. Clinical Guideline 122. United Kingdom National Institute for Health and Care Excellence 2011.