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Aiming higher: More than healthcare

BESINS HEALTHCARE
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Optimising Germ Cell Ovarian tumour Surveillance Habits in WA

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INTRODUCTION

Malignant Germ Cell Ovarian Tumours (MGCOT) represent 2-5% of all ovarian tumours and occur in a younger population requiring long-term follow-up. Currently, three international guidelines recommend specific follow-up schedules for MGCOT surveillance. However, due to differences between these guidelines and cancellation of outpatient services due to COVID-19, there has been significant variation in the follow-up of MGCOT survivors. We aimed to improve the service provision by ensuring optimal follow-up and discharge planning.

Voice of the patient	Voice of Staff	Voice of Organisation	Critical to Quality requirements
Treatment timeline is not always conveyed	Two hospitals – systems do not communicate	Excellence in healthcare provision	Patient centred with good communication channels
Delay in follow up -> delay in treatment	No protocol or discharge advice	Safe and quality care, consumer centred	Safe within appropriate timeframe
Cancellation of OPC with no further appointments	Long waitlists increase pressure on system	Teamwork with respect and compassion	Standardised and sustainable
	High turn over of staff	Sustainable, innovative	

Audit in a snapshot

Variable follow up interval and duration
Different modalities for surveillance
Prior to COVID-19 patients were seen within reasonable time frame
>500 patients on waitlist for all gynaeoncologic cancers
More than half of the patients were discharged with no standardised follow up instructions for GP

Root cause Analysis

OPPORTUNITY STATEMENT

Improve communication
Standardise care
Decrease waitlist

METHODS

With involvement of key stakeholders, the process of outpatient follow-up was mapped from referral to discharge (Figure 1). A subsequent audit was conducted to demonstrate differences in current practice and identify areas for improvement. Based on the results, root cause analysis and solution generation sessions were conducted with relevant stakeholders to identify the issues and implement relevant solutions.

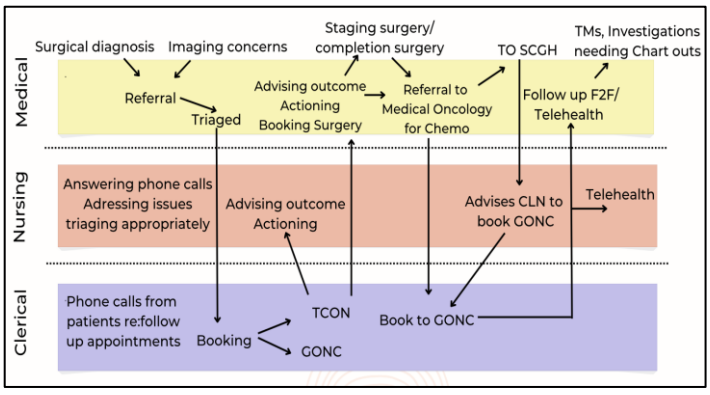

Figure 1: process mapping. Outlining the journey of patient from referral to discharge. SCGH: Sir Charles Gairdner Hospital, TCON: Tumour conference meeting, GONC: Gynae-oncology outpatient clinic.

RESULTS AND DISCUSSION

The audit showed substantial variation in follow-up schedules, investigations performed for surveillance, and duration of follow up. Sixty percent of patients were discharged from the service with no advice provided to their primary healthcare provider for long term follow up. Root cause analysis noted differences in international guidelines, long waiting periods for outpatient appointments, and lack of a standardised cancer survivorship care plan upon discharge as the driving factors.

CONCLUSION

Urgent appointments were made for patients overdue for follow-up. Standardised discharge letters were implemented across the service to improve communication upon discharge. A local protocol will be designed considering these results to achieve standardised care for patients.