

# TRANSFORMING HEALTHCARE THROUGH OUTCOME MEASURES FOR RECTAL CANCER

## Background

Outcome measurements is important in improving the quality of cancer care. Apart from benchmarking disease outcomes against that of clinical trials, patient reported outcomes are a critical component of assessing whether clinicians are improving the health of patients.

## Aims

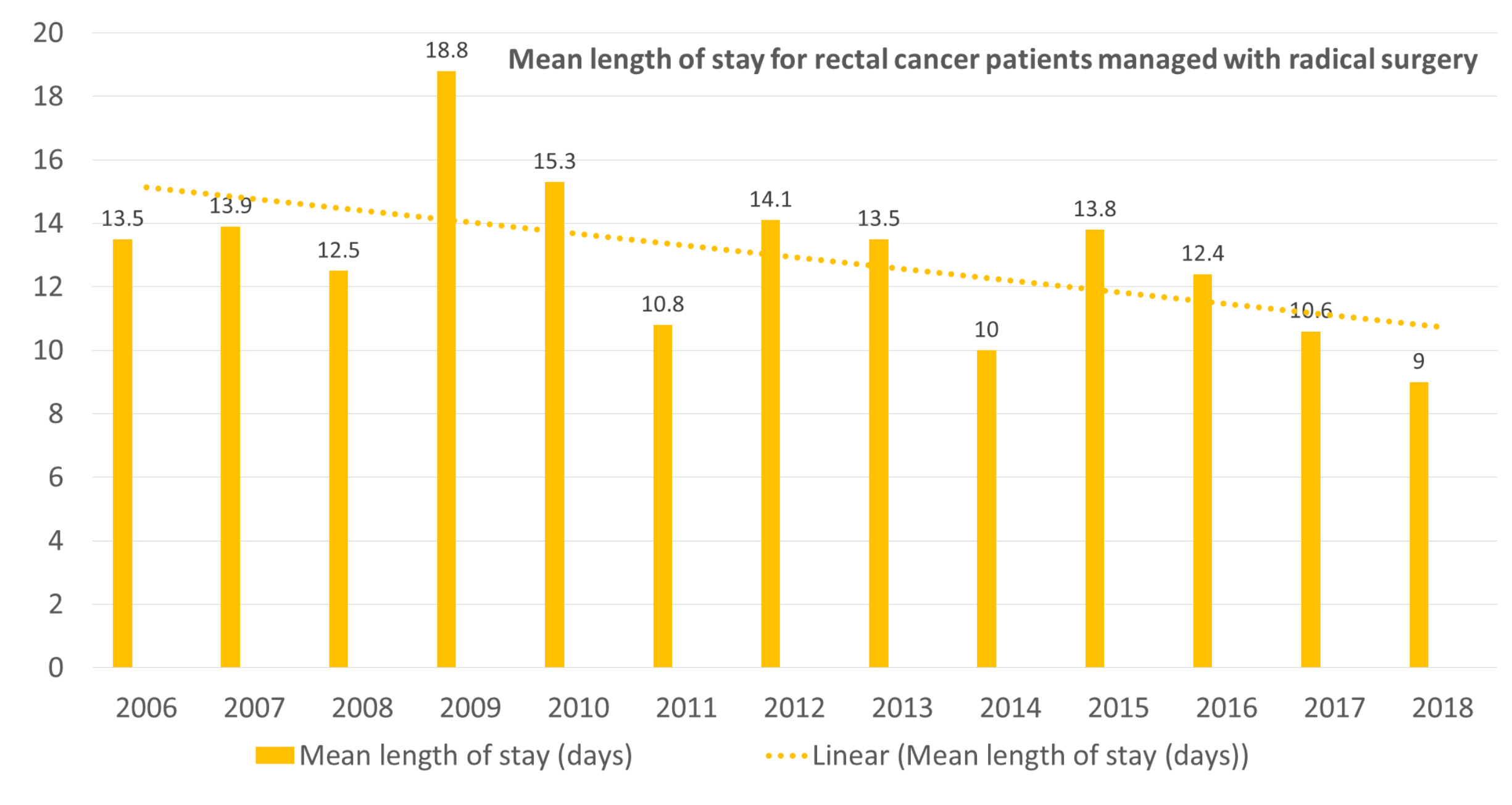
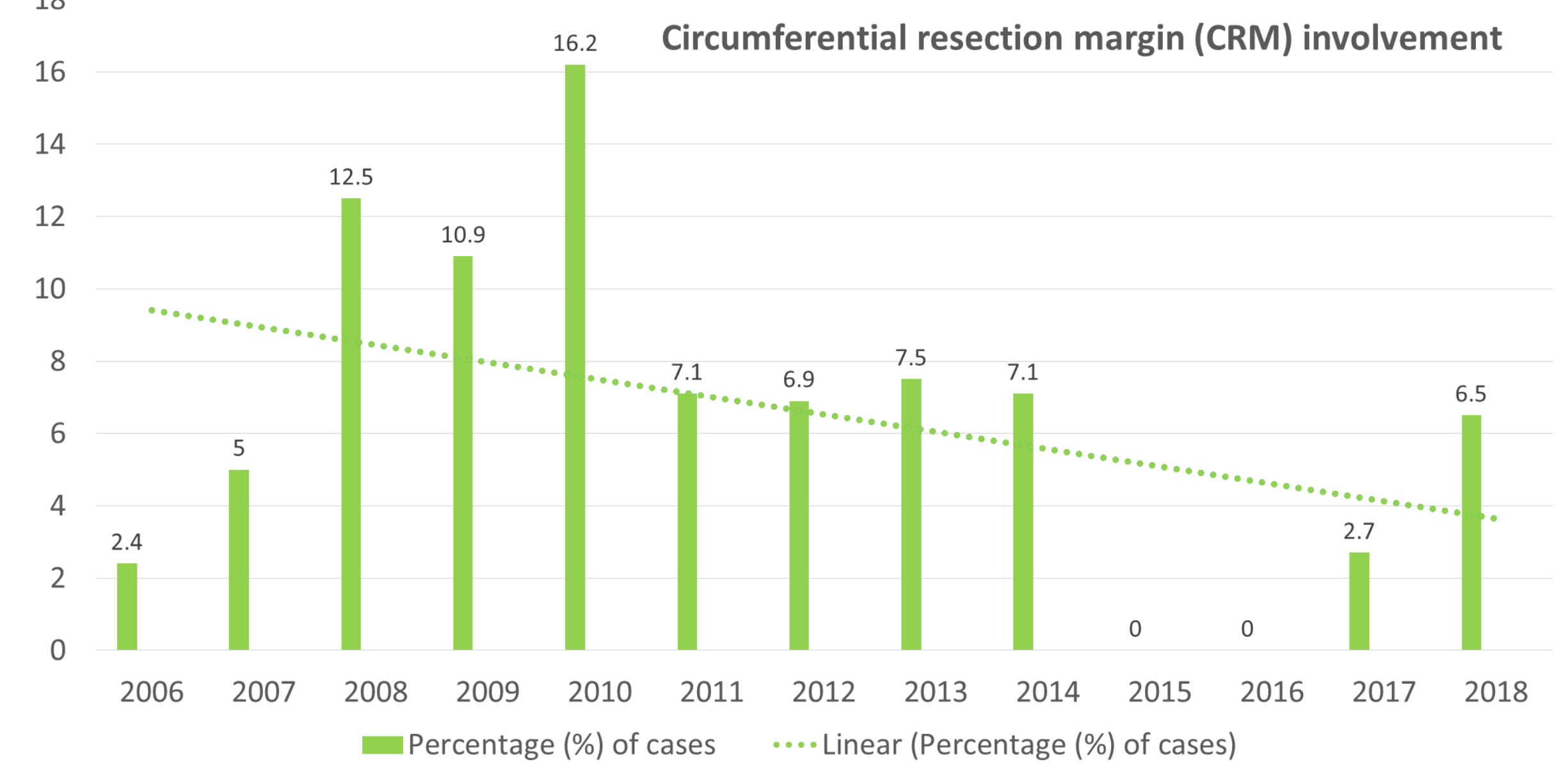
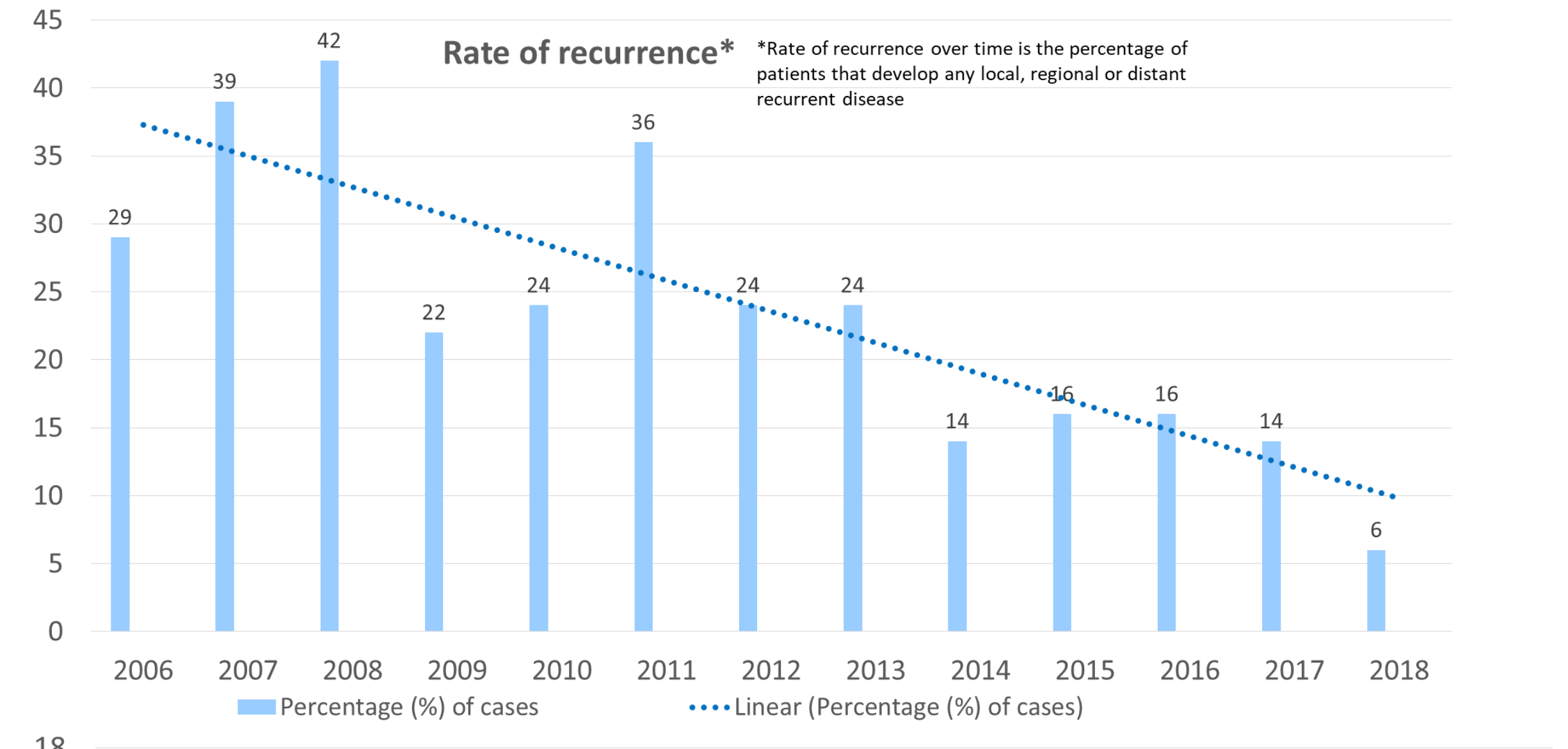
To implement the ICHOM (International Consortium for Health Outcomes Measurement) standard outcome set for Colorectal Cancer



## Key Outcomes Achieved

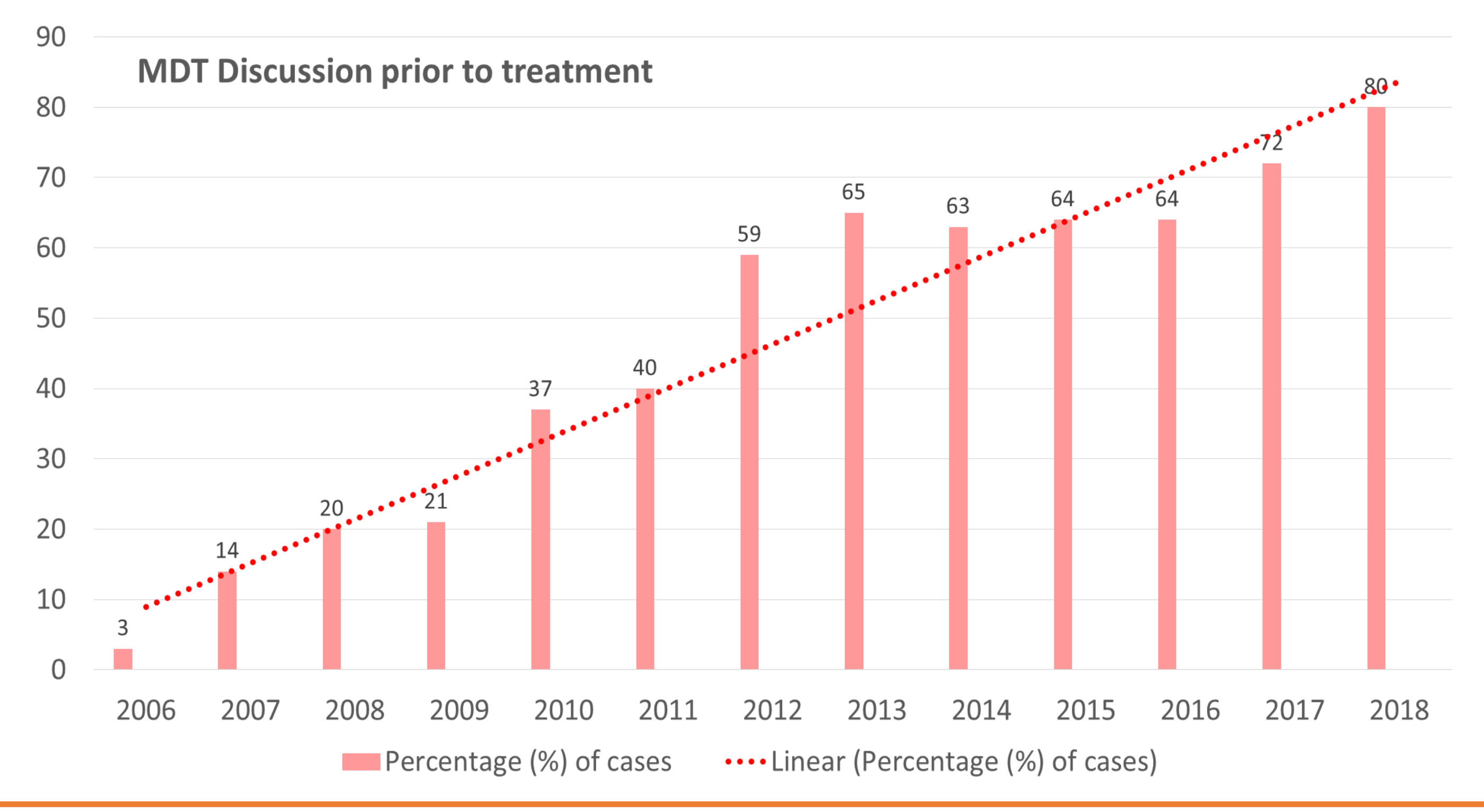
### Routine collection and audit of clinical outcomes

- Reduced rates of recurrence, circumferential resection margin and average length of hospital stay over time



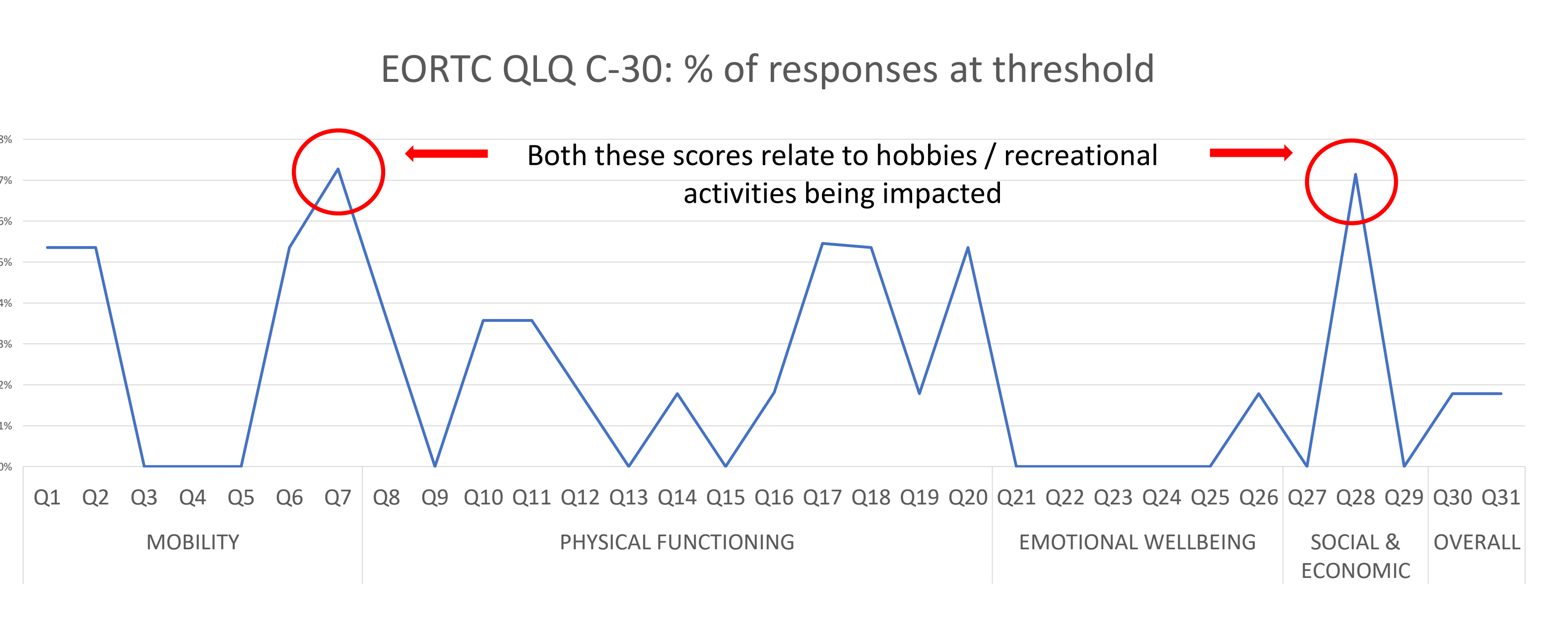
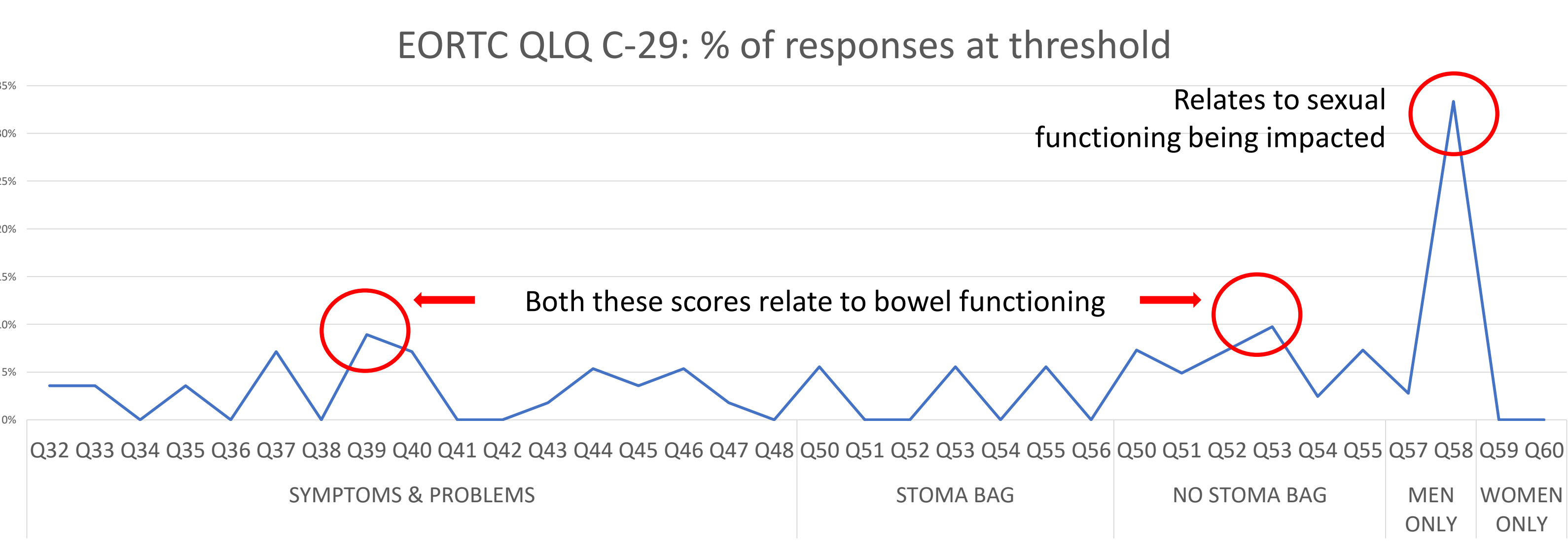
### Improved MDT discussion rates

- Increased percentage of patients discussed at MDT prior to commencing treatment.



### Electronic PROM collection

- Responsiveness and escalation of 'at threshold' concerns of a patients overall wellbeing and functioning (PROMs – patient reported outcome measures)



ISLHD Rectal Cancer Outcomes Report 2018			
Diagnostic work up and pre operative staging		Diagnosis, staging and treatment plan	
Care element	Target	ISLHD	BCCA 2018
MRI prior to treatment	100%	50/51 = 98%	83%
Surgery		Clinical pathological staging	
Care element	Target	ISLHD	BCCA 2018
Patients seen by colorectal specialist	100%	96%	5.6%
Hospital caseload	Minimum hospital caseload = 12	ICCC 25 SCCC 1	33/34 = 97%
Quality of life (1/7/2018 – 31/12/2018)		Survival and disease control	
Care element	Surveys collected	Measure	Rates
QLQ C30	20	Overall survival	3 out of 50 patients have died (all due to metastatic disease)
QLQ CR29	20	Recurrence	2 out of 36 patients have developed recurrence (distant)
SCQ	20		