Quality of Cancer Care: The Role of the Urological Cancer Registry

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INTRODUCTION

The Urological Cancer Registry (UCR) at the Department of Urology at the Singapore General Hospital (SGH) was established in 1989 with the following objectives:

- Established to comply with the American College of Surgeons (ACS) Cancer Committee's standards and to cater to the need for accurate, standard, and comparable data to establish registry database in the Department of Urology in 2008
- To maintain a comprehensive and complete database of all urological cancers diagnosed and treated in the hospital

A standardised methodology and completeness of data registration (Figure 1) illustrated in our previous paper published in 2010 is used and validated for clinical audit, research publications and clinical trials.

RESULTS

1. Assessment of completeness and accuracy of data

- To illustrate an example of quality improvement on data completeness of the UCR (Table 1)
  - Sampled the completeness of robotic radical prostatectomy (RARP) data collected over 9 years in 2008
  - Retrospectively reviewed all records of the patients who underwent RRP from June 2003 to July 2008
  - 361 consecutive patients were identified for the evaluation
  - 12.1% of RRP cases not staged by 2008
  - Found that majority of clinical stage or digital rectal examination (DRE) for the 12.1% patients was not recorded by the treating urologists when the UCR assessed the cases as the reasons, the incompleteness of the UCR data.

2. Research projects supported by the UCR

- Quality improvement on data accuracy (Table II)

- Randomly sampled 10.9% of the 2300 prostate cancer cases from 1980 to 2007 in the registry database
- Capture-recapture method
- Re-abstracted by an urologist and a certified tumor registrar who have been trained and supervised in the research projects in the department

- Three activities of the UCR in the management of patients with urological cancers: to improve the quality of the data and clinical research, to help in identifying indicators for measures of the quality of cancer care.

- Assessment of data completeness and accuracy of data
- 2. Research projects supported by the UCR
- 3. Role of UCR in uro- oncological follow-up

DISCUSSION

1. The role of the UCR in uro-oncological follow-up

- Actively monitoring follow-up of the patients who underwent brachytherapy since 2005
- The treating urologists were alerted to send reminders to patients to undergo follow-up care

- As a result, no brachytherapy patients lost follow-up under the care of the Department of Urology

2. Periodically performing audits on the clinical outcome of work through the completion and processing of data to improve UCR performance in various parameters such as minimizing major complications and bladder fistulae in RRP cases.

3. Availability on accurate information on RRP cost, waiting time for RRP, length of hospital stay, major complications rate, final pathological results and patients’ satisfactions post-RPP based on the UCR data. The patients are further equipped to make informed decisions on treatment options that best suit their needs.

4. Initiatives in improving patient care: The UCR data directly utilized to evaluate treatment, such as robotic prostatectomy in the areas of access, efficiency, efficacy, appropriateness, safety, and satisfaction with treatment.

5. The role of the UCR does not include direct patient contact for follow-up purpose. However, the UCR can contribute in patient follow-up through the database of patients that follow-up has been done post-RPP from the outpatient hospital administrative system (OAS).

CONCLUSION

1. The UCR does not only provide the infrastructure for collecting data on the quality of cancer care
2. But also involve follow-up of brachytherapy patients in our institution

The UCR data is well utilized in improving the quality of care for urological cancer patients in SGH

REFERENCES


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