

Quality Performance Indicator Adherence in Treatment of Gastric Cancer

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Background

Quality Performance Indicators (QPI) are objective measurements which can standardize key aspects of clinical practice and identify poorly performing areas. QPIs can be split into three major subtypes by the Donabedian model; structural, process and outcome indicators. These can be continually audited to ensure changes in patient's care and optimize outcome. We have investigated the adherence rate across time in the management of patients treated for gastric cancer at North Shore Hospital, a tertiary, university-affiliated centre.

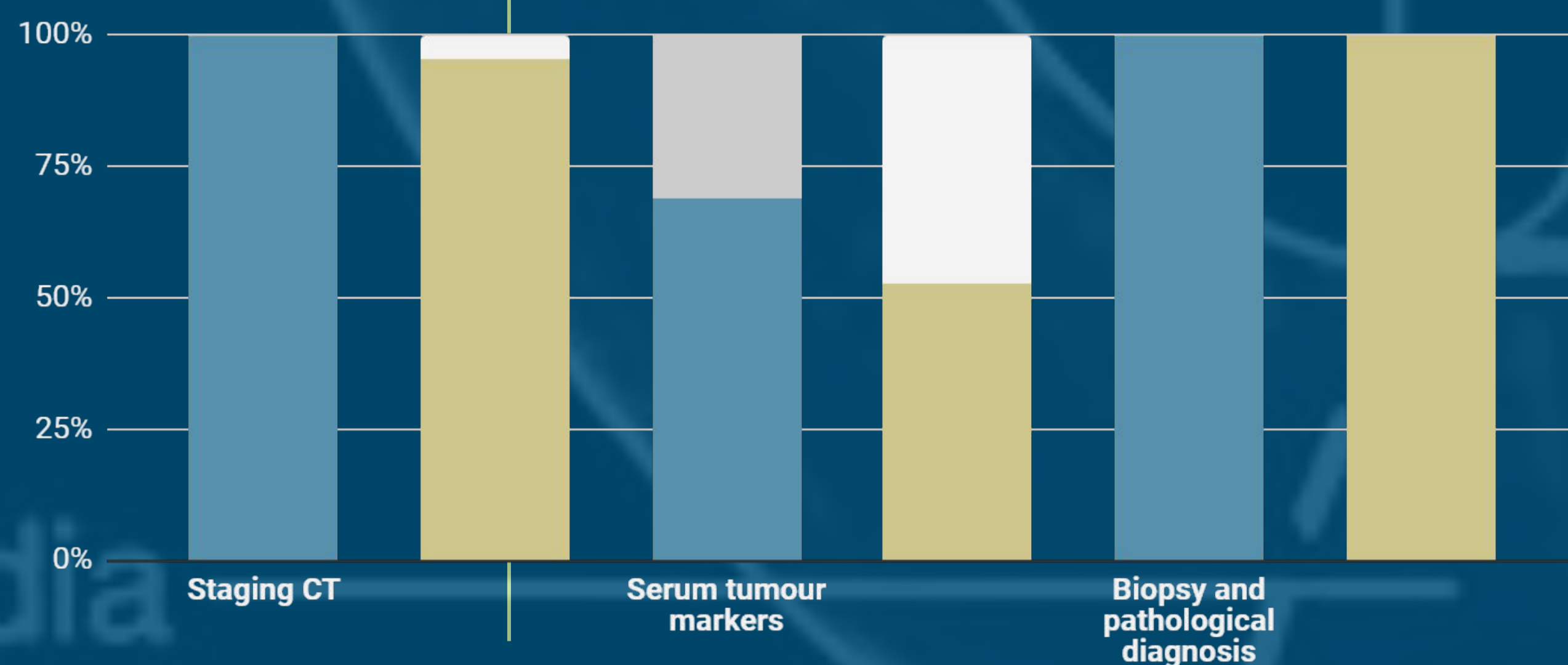
Methods

All patients with gastric cancer treated at our centre between 2010 to 2015, and 2020 to 2021 were included. Exclusion criteria are:

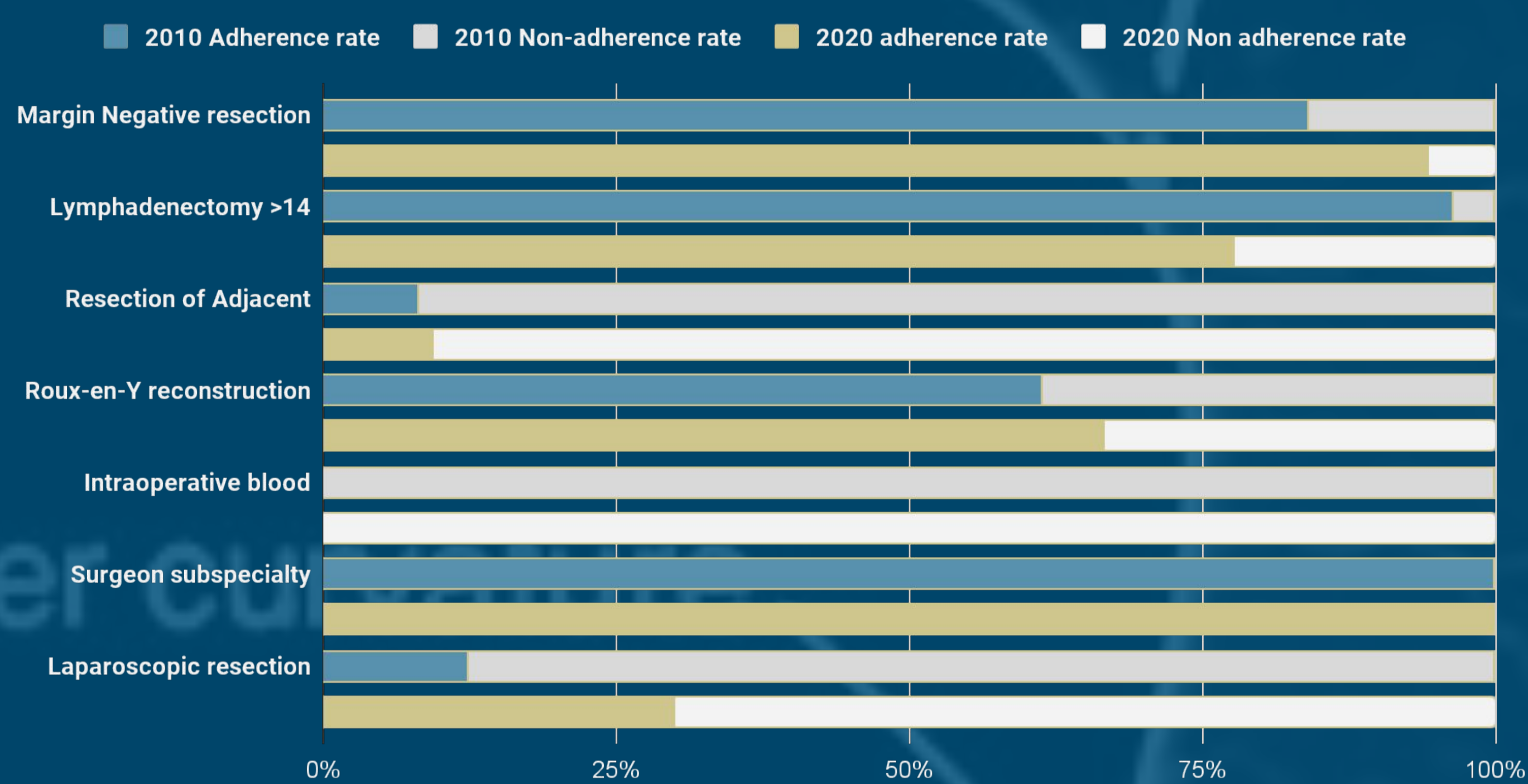
- 1) Secondary metastases to the stomach
- 2) Operations performed at other locations including private.

American Joint Committee on Cancer (AJCC) eighth edition was used for staging. Electronic data in clinic letters, operation notes and radiology reports were retrospectively accessed to gather information.

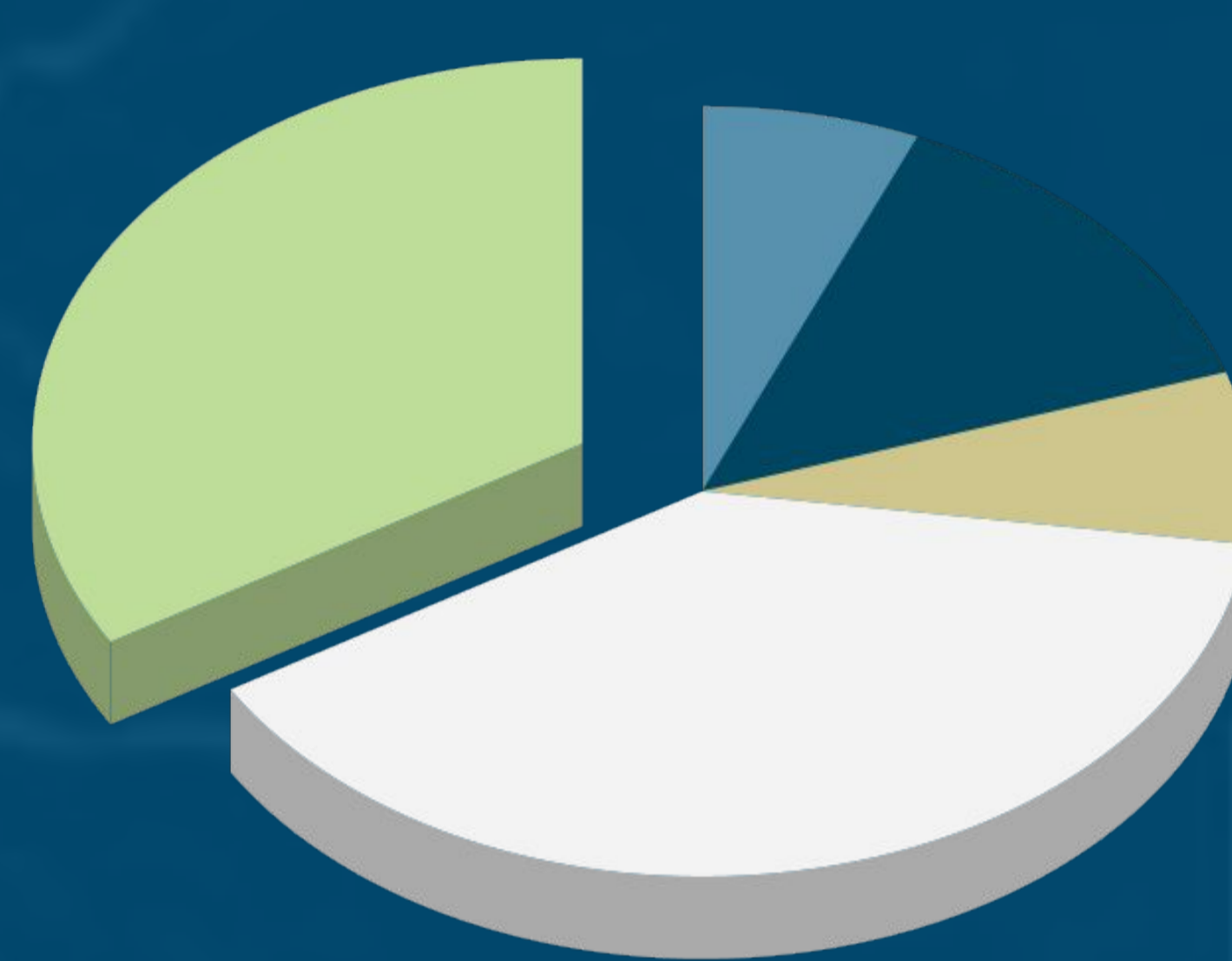
Preoperative Investigations



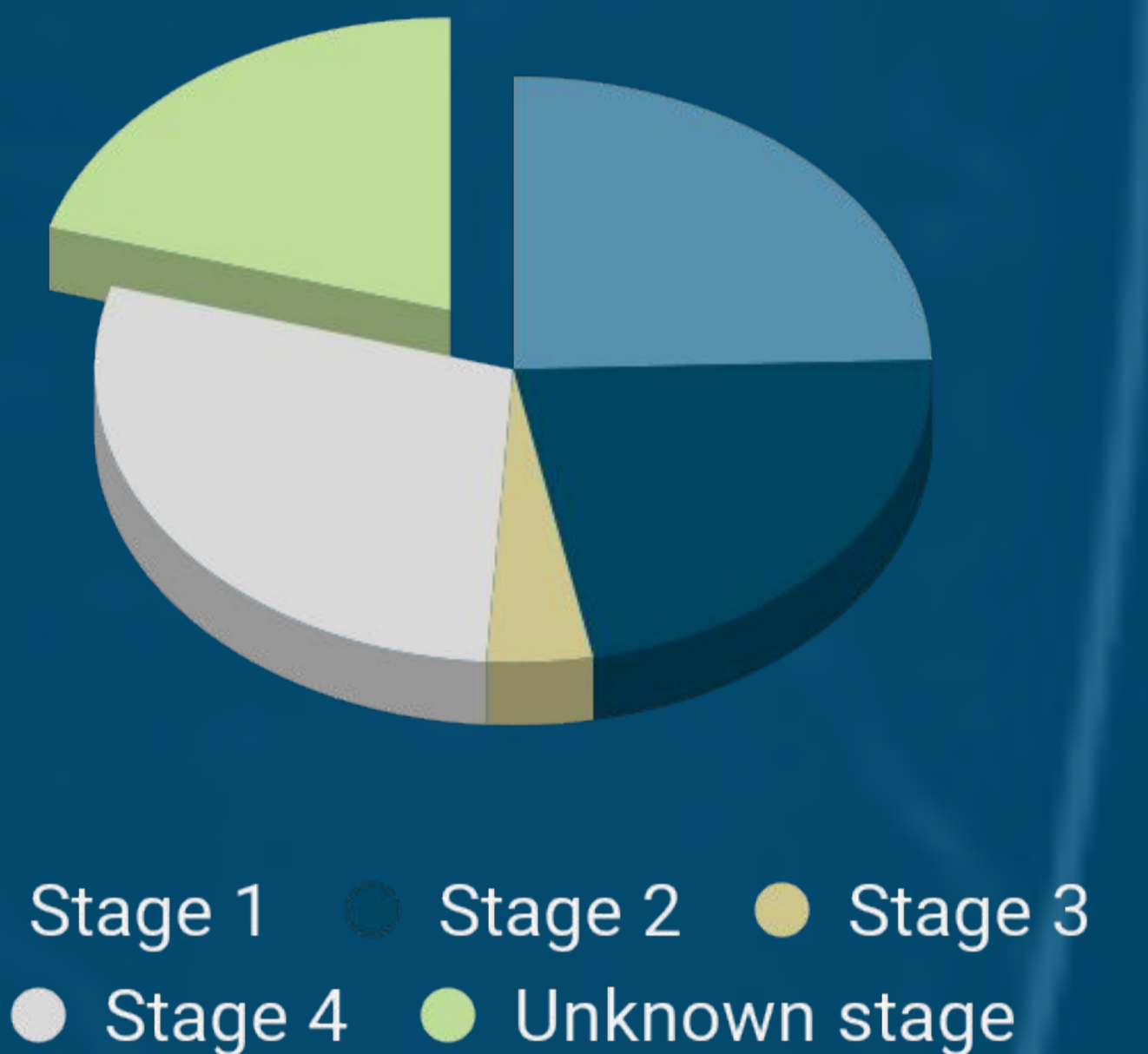
Surgical Techniques (Process)



2010-2015 Stage at dx



2020-2021 stage at dx



Discussion

Areas with high adherence rates reaching almost 100%

include preoperative staging as well as various aspects of surgical techniques such as extended lymphadenectomy and margin-negative resection.

Areas identified with low adherence rates requiring improvement include:

1. Minimally invasive operations and endoscopic resection - our centre has employed more endoscopists trained in this area since 2016, this is reflected in our later dataset.
2. Perioperative chemotherapy- most common reason for lack of therapy were patient comorbidities, patient choice, and 'lack of benefit'. Consideration is given to lack of onsite oncology department as well as comparatively older age and hence comorbidities at diagnosis.

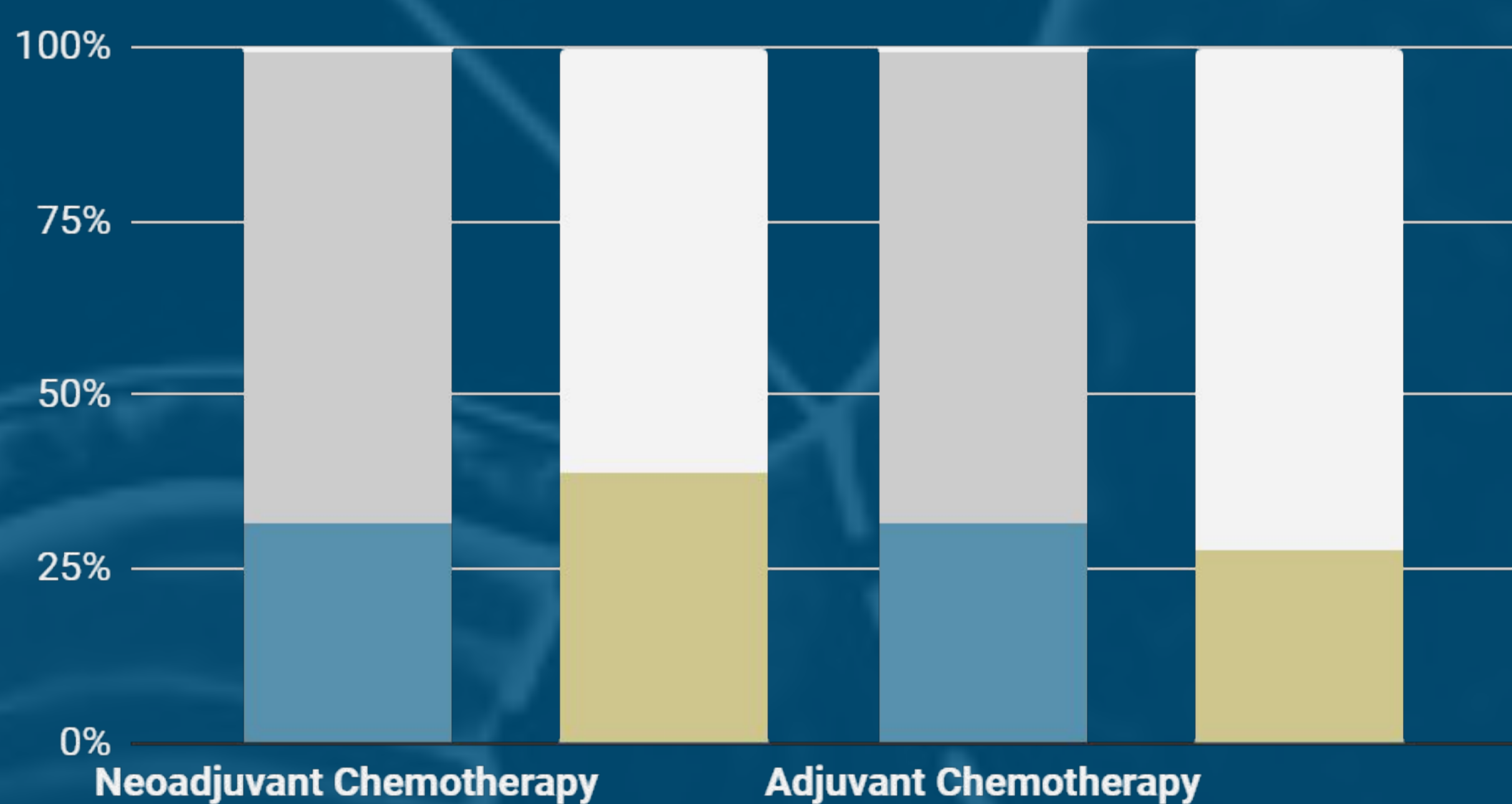
Recommendations

1. QPIs can be used to establish an ERAS-like pathway for management of Gastric cancer
2. QPI adherence rates should be monitored at regular intervals
3. Further research is required for correlation with mortality data

References

- Kulasegaran S, Woodhouse B, MacCormick AD, Srinivasa S, Koea J. Quality performance indicators for the surgical treatment of gastric adenocarcinoma: a systematic review. ANZ Journal of Surgery. 2022 Mar 2.
- Cancer quality performance indicator programme [Internet]. Te Aho o Te Kahu - Cancer Quality Performance Indicator Programme. Te Aho o Te Kahu; [cited 2022Nov1]. Available from: <https://teaho.govt.nz/reports/qpi>
- Donabedian A. Evaluating the quality of medical care. The Milbank Quarterly. 2005 Dec;83(4):691

Multimodality Treatment



Surgical Operation Note Documentation

