

2022-RA-1358-ESGO CLOUD-BASED WEB APPLICATION TO REDUCE DELAY IN CANCER TREATMENT

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Introduction/Background Gynaecological oncology departments host sophisticated clinical pathways that help guide ovarian cancer patients through their individual and tailored treatment plans. Departments within the UK's National Health Service (NHS) have long endured using an in-house built spreadsheet to manage these complex ovarian cancer pathways. This ill-fitting system cannot effectively manage the intricate details nor enforce compliance with pathway policies; resulting in an unmanageable solution that impacts patients' care and prognoses by causing significant increase in initial treatment wait-time, with examples exceeding a 160% increase from target.

Methodology To begin countering this widespread issue, users were interviewed to gain a deeper understanding of the complex clinical pathways. These requirement-gathering sessions were later leveraged to design a secure, scalable, and purpose-built cloud-based web application to rectify this issue. The User Experience (UX) design process involved requirement elicitation to create several use-cases and wireframes, leading towards a high-fidelity prototype using Amazon Web Services (AWS).

Results The result of this project is a feature-rich prototype that automatically enforces pathway compliance, and provides real-time notifications and data insights, while promptly distributing patient communication. The product leverages several cloud services, maintaining a low-cost and high-availability architecture; and has subsequently been embraced as a catalyst and foundation of future work by NHS expert users.

Conclusion This implementation is set to guide and influence a software development company to create a production-ready product, aiming to reduce the wait times that ovarian cancer patients experience, while also reducing the administrative workload of clinicians; providing a greater ability to focus on the things that matter most.

2022-RA-1366-ESGO IMPLEMENTATION OF DAY CASE MINIMAL ACCESS HYSTERECTOMY

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Introduction/Background Laparoscopic hysterectomy has been named a key procedure for improving day case rates in the Sept 2020 National Day Surgery Delivery pack – A collaborative document involving 'Getting it right first time', 'Centre for pre-operative care' and the 'British Association of Day Surgery.' The COVID pandemic, along with general winter pressures on availability of hospital beds led us to developing a new pathway for day-case minimal access hysterectomy. Our aim was to implement day-case minimal access hysterectomy

in Queen Alexandra Hospital, Portsmouth and to audit the complication rates.

Methodology All suitable patients were offered day-case minimal access hysterectomy from 1st December 2020 and all patients discharged home the same day had the data prospectively collected to monitor potential complication rates. For comparison, complication data was collected from a cohort of patients admitted overnight for a minimal access hysterectomy from the surgeon (a gynaecological-oncology consultant) with the highest uptake in day-case hysterectomy.

Results From the 1st December 2020 to the 25th January 2022 28 patients went home on the day of their minimal access hysterectomy (20 were done by the same surgeon (Surgeon 1). In the same timeframe Surgeon 1 admitted 27 minimal access hysterectomies overnight. The complication rate for same day discharge was comparable, with no day-case hysterectomies re-presenting to hospital within the first 7 days post-surgery. Complications in the day-case group: Mild vaginal bleeding n=2; one patient readmitted with infected vault haematoma. Complications in the patients that stayed overnight: One patient was admitted with a vault haematoma and one patient was admitted with aspirational pneumonia.

Conclusion In suitable patients day-case hysterectomy is safe, with a comparable complication rate to patients admitted overnight, and offers significant cost-savings. There were no adverse outcomes in the first week post-surgery in patients wishing to be discharged home the same day of surgery.

2022-RA-1395-ESGO QUALITY ASSESSMENT AS PART OF THE QUALITY ASSURANCE OF A REGIONAL GYNECOLOGICAL COMPREHENSIVE CANCER CARE NETWORK IN THE NETHERLANDS

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Introduction/Background Given the increasing complexity and the volume standards which have become standard practise patients are more frequently treated in so called cancer networks in which different hospitals collaborate intensively. However instruments available for quality assurance are validated for individual hospitals. In the gynaecological cancer network established in our Regional Cancer Network (RO West which consists of 7 hospitals in the Leiden-The Hague area in the Netherlands) we aim to establish network wide quality assurance and consequently adopt well known instruments for usage in networks. In this abstract we report on the quality assessment of the cancer care pathway for ovarian cancer patients in our gynaecological cancer care network.

Methodology Indicators with regard to quality of care in cancer networks were extracted from the national Clinical Cancer Network Guidance Book and the national SONCOS standards for oncology and aligned with global Qmentum standards. 5 different fields were covered by 32 standards (organisation/