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 requirements 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 a named 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 aspiration 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 practice 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 Qmuntum standards. 5 different fields were covered by 32 standards (organisation/
governance, patient care, research, quality assurance, research and sharing knowledge). Moreover 26 ovarian cancer specific and relevant key pathway and care outcomes indicators were defined. A day was set to visit all 7 hospitals for interviews regarding the indicators with all stakeholders, including patients.

Results All 7 hospitals were visited and relevant stakeholders were interviewed. Network specific indicators were al met, each hospital did not meet different hospital specific indicators, the Dutch Cancer registry was used to get hold of the outcome and pathway indicators and revealed minor differences between the hospitals. Improvement points and action plans were written.

Conclusion Network wide quality assessments, using qualitative and quantitative indicators are feasible and valid as part of the quality assurance program of cancer networks and regional cancer care pathways. Future assessments will be necessary to evaluate to which extend current governance allows alterations for improvement in individual hospitals.

**Abstracts**

**2022-RA-1432-ESGO**  
**ECONOMICAL IMPACT OF ERAS IMPLEMENTATION IN A HIGH-VOLUME GYNECOLOGIC ONCLOGY SURGERY DIVISION IN CANADA**

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**Introduction/Background** We evaluated the economic impact of Enhanced Recovery After Surgery (ERAS) in the high-volume gynecologic oncology (GO) surgery division of a Canadian hospital.

**Methodology** ERAS was implemented in the GO division of the Centre Hospitalier de l’Université de Montréal (CHUM) in 2017. Patients who received GO elective surgeries in 2015 (pre-ERAS) and 2019 (post-ERAS) were compared. All GO elective surgeries (extracted from patient files) performed in 2015 and 2019 at the CHUM were included (same day discharge cases were excluded). Since hospitalization costs (main surgical episode and 30-day re-admission episode) were not available in patient’s files, they were imputed to each patient using a linear regression model calibrated on the CHUM’s financial database. Distinct models were evaluated for the cost of the main episode and the re-admission episode (dependent variables) based on LOS (day 0 versus other days; independent variables). Mean costs (2021 EURO) per patient were compared using a t-test (statistical significance was p<0.05).

**Results** A total of 675 and 536 patients were included in the study 2015 and 2019, respectively. Mean LOS for the main surgical episode was 3.9 days in 2015 and 3.2 days in 2019. Overall, 41 (6.1%) and 25 (4.7%) patients had a re-admission episode in 2015 (LOS=8.5) and 2019 (LOS=4.8), respectively. After imputation, the average cost (per patient) of a hospitalization was €9,361.20 in 2015 and €8,404.60 in 2019 (mean difference [MD]=956.60, p=0.003). For the main surgical episode, average costs were €8,980.78 in 2015 and €8,231.51 in 2019 (MD=749.26, p=0.012), respectively. For the re-admission episode, average costs were €6,251.12 and €3,711.05 (MD=2,540.07, p=0.012). After adjusting for a mean surgical volume of 606 patients per year, the total hospital savings were €579,697.87 in the first post-ERAS year.

**Abstract 2022-RA-1432-ESGO Table 1.** Count analysis before and after the implementation of the ERAS protocol at CHUM

<table>
<thead>
<tr>
<th>Details</th>
<th>Pre-ERAS</th>
<th>Post-ERAS</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with a surgical episode (105 days) that need a second surgery</td>
<td>108/675 (16%)</td>
<td>63/536 (12%)</td>
<td>0.25</td>
</tr>
<tr>
<td>Patients who had a hospital stay after surgery (LOS)</td>
<td>8.8 ± 2.1</td>
<td>4.9 ± 2.0</td>
<td>0.001</td>
</tr>
<tr>
<td>Hospital stay (LOS)</td>
<td>8.8 ± 2.1</td>
<td>4.9 ± 2.0</td>
<td>0.001</td>
</tr>
<tr>
<td>Total hospital costs (in euros)</td>
<td>8,980.78 ± 2,540.07</td>
<td>8,231.51 ± 3,711.05</td>
<td>0.012</td>
</tr>
</tbody>
</table>

**Conclusion** Implementation of ERAS protocol for gynecological oncological surgery significantly decreased costs.