

Use of Surgical Facilities in District Hospitals to Expedite Patient Waiting Time for Breast Cancer Surgery; A Situation Report in Negeri Sembilan

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Introduction

The “Pink Ribbon Clinic” (PRC) in Hospital Tuanku Ja'afar Seremban was first incepted in the year 2019, being the brainchild of Seremban based surgeons who set out to provide more systematic and accessible treatment to patients with breast cancer. Equipped with a Patient Navigation Program (PNP), PRC collaborated with Cancer Research Malaysia (CRM) to take a holistic approach on breast cancer treatment. The most significant hurdles faced in this initiative revolved around providing breast cancer surgery to a large volume of patients within a short duration of time. Other hurdles include overcoming barriers to care, early disease detection and reducing the number of defaulters.

Presentation/Methods

The introduction of the “Cluster Hospital” concept in 2022 enabled mobilization of equipment and sharing of facilities and healthcare workers between lead and district hospitals. Breast cancer patients who sought treatment at Hospital Tuanku Ja'afar Seremban were afforded shorter waiting times as they could be slotted in for surgery at Hospital Rembau, a district hospital 30 minutes away. The operation theatre at Hospital Rembau was otherwise previously unutilized. General surgeons and anaesthesiologists from Hospital Tuanku Ja'afar Seremban also aided with training medical officers at Hospital Rembau during their weekly visits. While there were strict selection criteria for patients who could be operated at Hospital Rembau, any post operative complications were promptly dealt with by transferring patients back to the lead hospital. This system proved pivotal in helping PRC achieve its prime target of providing surgery within 1 month from date of decision for surgery.

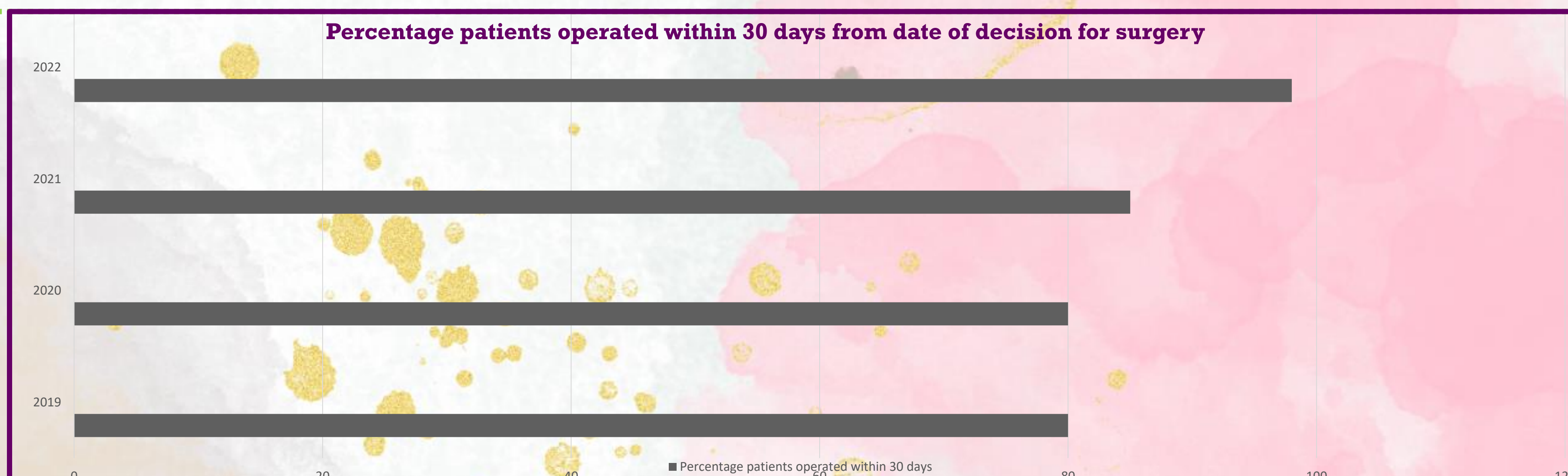


Discussion

Hospital Tuanku Ja'afar Seremban is the state hospital of Negeri Sembilan, namely a referral centre for surgical cases including patients requiring screening, assessment and surgery for breast cancer. The Pink Ribbon Clinic (PRC) kickstarted with the aim of serving as a one stop centre for patients who require treatment for breast cancer. This meant that patients could receive the required triple assessment without significant delay. This required collaboration with the radiology department of Hospital Tuanku Ja'afar as PRC was given access to specific slots for ultrasound and mammography every week which could be used for patients with a high suspicion of breast cancer. PRC also collaborated with Cancer Research Malaysia (CRM), giving rise to a Patient Navigation Program where patients were thoroughly followed up from the time of diagnosis till discharge from PRC. A representative from CRM is present daily during working hours at PRC as they aim to recognise potential problems faced by patients and promptly combating them through various methods including providing counselling for patients and family members and also directing them to relevant support groups. Those with need for financial aid related to costs of travel to hospital, post surgery apparel and those who lose their source of income due to debilitation from breast cancer are also cared for by linking them up with relevant bodies which can provide assistance. The PNP also reduces the number of defaulters by following up with patients closely from time of diagnosis, establishing a strong rapport between patients and their designated navigators. These navigators remain in touch with patients throughout and also contact patients when they fail to show up for scheduled appointments.

The cluster program on the other hand is a nationwide level program put together to integrate services between major hospitals and their surrounding district hospitals. Hospital Tuanku Ja'afar Seremban which falls under “Cluster NS2” is the lead hospital of the cluster with non lead hospitals being Hospital Port Dickson (HPD), Hospital Rembau (HREM) and Hospital Jelebu (HJEL). This initiative helped PRC circumvent the complex issue regarding lack of operating theatre slots for breast cancer surgery by making use of facilities at nearby district hospitals. This also enabled an exchange of personnel and training of medical officers from lead and non lead hospitals during scheduled visits.

Percentage patients operated within 30 days from date of decision for surgery



Conclusion

The use of operating facilities at district hospitals can greatly aid in overcoming the perennial issue of delayed breast cancer surgery due to high patient load. This also permits the training of medical officers at district hospitals while also utilizing facilities at district hospitals which would otherwise be redundant.

