

Review of Neck and Head Cancer Records at a State Run Tertiary Care

Havaldar RR^{1,2*}

¹Department of ENT & Head and Neck Surgery, B.J.Government Medical College and Sassoon General Hospital, Pune, Maharashtra, India

³Department of ENT & Head and Neck Surgery, J.N.Medical College, KLE Academy of Higher Education & Research, Belagavi, Karnataka, India

*Corresponding author

Rajesh Radhakrishna Havaldar, Department of ENT & Head and Neck Surgery, J.N.Medical College, KLE Academy of Higher Education & Research, Belagavi, Karnataka, B.J.Government Medical College and Sassoon General Hospital, Pune, Maharashtra, India,
E-mail: rajeshhavaldar@yahoo.com

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1. Abstract

A thorough documentation of clinical records helps in decreasing symptomatic and therapy blunders, and helps in working on nature of care to patients with head and neck disease. A review study was led on 25 Head and Neck Oncology case sheets utilizing the norms took on by the British Association of Head and Neck Oncosurgeons (BAHNO). A sum of 10 inquiries were utilized to survey the culmination of the case sheets and the outcomes were examined. An all out typical score of 81.6% was accomplished and we have an objective of over 90% to be accomplished sooner rather than later. Connecting more colleagues and oversight of malignant growth records by leading continuous reviews would help in accomplishing our projected objective.

1.1. Background: Due to the expansion in number of patients getting treatment in State Run Hospitals in non-industrial nations like India, numerous multiple times keeping up with exact records of data is troublesome. Through digitalization, a ton of such issues have been defeated yet the level isn't upto the imprint it that of created nations. Head and neck malignant growth is a region where bleakness both when the medical procedure makes the patient a standard guest to the Out Patient Department. Since the occupants and colleagues

work in the Department for a restricted timeframe going from 1-3 years, long haul follow up of disease patients needs exact filing of information. A total, and satisfactory documentation of clinical records helps in diminishing symptomatic and therapy mistakes, and works on the forecast of the malignant growth patient [1].

1.2. Aims and Objectives: The point of the Audit is to work on nature of care to those patients with head and neck disease by increasing expectations of care to match those of the best performing groups.

The Audit centers around proof of conveyance of proper essential therapy, including adjuvant treatment, in the administration of head and neck disease by a multi-proficient group, guaranteeing that patients are analyzed and treated without superfluous deferrals.

1.3. Methodology

1.3.1. Concentrate on period: 1 March 2020 to 28 February 2021

This review study was directed to evaluate the approaches and methodology comparable to clinical documentation utilizing rules from British Association of Head and Neck Oncosurgeons (BAHNO) [1]. A sum of 25 released ongoing records were dissected to figure out the nature of documentation practically speaking.

A sum of 10 Audit questions were outlined in light of ongoing oncology rules and particular credits with choices of 'Yes', 'No', were assessed for their fulfillment and exactness. The sections in the clinical records were evaluated in view of the set down norms in the agenda. The individual things were noticed and discoveries were noted down.

1.3.2. Consideration Criteria: 25 case records of head and neck disease patients picked arbitrarily during 1 March 2020 to 28 February 2021

1.4 Results: Using the inquiries referenced in the Annexure, the Audit was led on 25 Head and Neck Cancer Records and the outcomes were arranged as displayed in the Table

2. Discussion

2.1. Multi-Disciplinary Team (MDT) Assessment

The multidisciplinary growth board (MDT) is a significant piece of head and neck disease assessment and the executives. The advantages of MTB are multifactorial, working on numerous components of disease care, including organizing, treatment arranging, treatment coordination, and auxiliary help. The

World Journal of Hematology and Oncology

accessible clinical and neurotic information is introduced and talked about in MDT, for making analysis, arranging and better administration of patient [2].

In our review we found that 22 cases out of 25 were talked about in MDT. The information gathered for the head and neck disease review doesn't demonstrate the comprehension of what comprises MDT. Generally speaking over 90% of patients were affirmed as having been examined at a MDT meeting. The National Head and Neck Cancer Audit done in 2014 has archived that 90% of their cases are reviewed routinely [1]. Our figures are at standard with them.

2.2. Span from First OPD Visit to Diagnosis and from Diagnosis to First Definitive Treatment

Defer between the underlying side effects, analysis, and the conclusive therapy of head and neck malignant growths is related with cancer movement and upstaging. These deferrals might prompt unfortunate results and may command more forceful medicines with pointless horribleness and even mortality. In our review we found that 16 cases out of 25 were analyzed in no less than about fourteen days from starting OPD visit, and 11 cases are worked in somewhere around fourteen days of finding. Study done by Pelaz An et al has shown that the vast majority of the cases are analyzed in something like 30 days of show and are treated in no less than 30 days of finding [3]. We have figured out how to accomplish in 64% of the patients the finding in something like fourteen days and treatment in the span of about fourteen days in 44% cases. The reasons could be because of absence of admittance to transportation offices and subsequently a defer in admittance to medical care because of the lockdown declared during the Covid pandemic. Likewise, the emergency clinics focused on therapy of Covid cases during the pandemic and consequently disease patients needed to hang tight for a generally longer timeframe to seek treatment.

2.3. Clinical Staging Information

Organizing of cancers is a basic piece of the therapy pathway as well just like a vital determinant of result [4]. All MDTs ought to be firmly urged to finish and approve arranging data and approve result. By and large, of those patients with a recorded careplan, 75% had recorded organizing data. While this figure is empowering, we want to pursue a higher figure for future reviews.

2.4. Diagrammatic Representation for Tumor Location

It is not difficult to address an injury through pictures and they can be effectively reasonable to everybody. In our review we viewed that as 20/25 of the case records were recorded with pictures. The utilization of graphs or growth maps permits normalization of the records of patients with head and neck disease [5].

2.5. Stamping of Resected Specimen Through Pictures in Operative Notes and Discharge Summary

Head and neck Cancer requires long haul follow up (5 to 10

years). Subsequently, it will be straightforward the method through one graph showing extracted example in long haul follow up.

In our review we saw that as 20/25 of the usable notes or release reports were recorded with picture

2.6. Postoperative Pathological Staging

In oral malignant growth the prognostic meaning of clinical arranging (cTNM) is respected mediocre compared to histopathologic organizing (pTNM) after medical procedure. Likewise, obsessive organizing is important to design adjuvant treatment. Thus, it is required to specify neurotic expressing in all postoperative disease record [6]. In our review we viewed that as 21/25 of the disease records have referenced neurotic organizing.

2.7. Execution Status of Patients

The presentation status of the patient (Karnofsky score/ECOG Scale) is a straightforward and fast technique to evaluate patients' exhibition. The score has demonstrated helpful not just for following the course of the disease, yet additionally for acquiring prognostic data [7].

In our review we saw that as 25/25 of the case sheets have referenced in regards to execution status of the patient.

2.8. Utilization of Hospital Record Systems

Clinic Medical Information System (HMIS) is a coordinated approach to carefully saving indispensable patient data for additional utilization during subsequent meet-ups and references. In our review, all the case records 25/25 were placed in the HMIS as a piece of routine convention. Utilization of Hospital Record Systems assists with documenting all quiet related information advantageously and carefully. This additionally assists with coding the data and present enormous volume of information to the subsidizing organizations and government to offer monetary help to the foundation [8].

3. Conclusion

This review is a straightforward endeavour to stress on the fulfilment of case sheet composing as for patients with head and malignant growth as the records will be alluded consistently during routine development of the patients for a really long time.

Culmination of the records helps the getting specialists find out about how was helped the patient regardless of whether the occupants have completed their residency of preparing in the Institute. Utilization of charts to address information will support comprehension of a lot of data without the utilization of printed matter. This evades mis-translation of information because of blunders in clerking by the occupants.

This additionally helps setting up principles in alluding patients for other treatment modalities like chemotherapy and radiotherapy as the oncologists can get thoughts regarding arranging, analysis and so on. Likewise correspondence between various malignant growth communities gets

World Journal of Hematology and Oncology

normalized by utilizing this agenda so there is culmination of data conveyed.

4. Future Recommendations

In ongoing we suggest that patients ought to be analysed and treated as soon as conceivable not breaking a month time span from the principal OPD visit for better administration and guess of the malignant growth patient in this way trying not to defer and upstage of the sickness. The current review shows a fulfilment of 81.6% on a normal for every one of the inquiries surveyed freely. Subsequent to sharpening our occupants about the significance of reporting this information precisely, we desire to accomplish a consequence of over 90% and set a norm in documentation of head and neck disease case records. Connecting more colleagues and oversight of disease records by leading regular reviews would help in accomplishing our objective in the following 2 months.

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